COUNTY COUNCIL OF SALOP

ANNUAL REPORT

OF THE

County Medical Officer of Health

1965

COUNTY HEALTH DEPARTMENT, SHIREHALL, ABBEY FOREGATE, SHREWSBURY

NOVEMBER, 1966

Contents

To the Chairman and Members of the Salop County Council

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

I have the honour to present the Report of the Council's Health Department for 1965.

The passing of Alderman Owen Steventon in November, 1965, took from us an Elder statesman indeed, who had been a member of the Council for fifty-two years, and Chairman of the Health Committee for twenty-five. Because of his record of service and his wisdom and uprightness of character and bearing, and his many personal kindnesses over a dozen years, his death occasioned me a personal sense of loss.

In some previous years I have attempted to make my introduction something like a summary; and some of our senior elected representatives have commended this idea.

Not many Medical Officers of Health in fact attempt to do so, nor is it an easy task. Reading and re-reading proofs from May till November, I am impressed by how much I keep learning or re-learning of my Department's work, and I seriously hope that all the members at least of the Health Committee may attempt to read this Report in full. For those who cannot, Mr. Brawn's index will locate most subjects, and we hope that members will be helped to find easily in the pages, and sometimes even in great detail, subjects which interest them specially.

That being so, and because brief allusion may distract from interesting detail, I find that my notes during the Summer have tended more to try to emphasise those subjects which seem to me, in my last few months as your County Medical Officer, to be the most important to draw attention to. Sometimes this may be because the good work of individual sections is so modestly clothed by their contributions as to seem inadequately represented; sometimes it may be to express some regrets or heart searchings about the many things I feel I might have done more about and left in better shape. So I invite your indulgence that this introduction is *not* a summary. If some large sections of the Report are not specifically alluded to here, it may be because they represent good steady work rather than striking new innovations, or because it would merely be repetitive to write in this introduction what is already well set out by others in the body of this Report.

I fell heir indeed to a splendid team: and I owe much to their help and that of generous employers.

Vital Statistics are set out on Pages 5—14, and begin with some general figures, showing those for early life in Tables 2—9. Table 5 shows Infantile Mortality, and Table 8 Neo-natal Mortality, and Table 9 Peri-natal Mortality Rates, which have often been in Shropshire lower than the national average. Doctors generally feel that there may be considerable scope for improvement in the last named Peri-natal Mortality rate. In any special studies of individual peri-natal deaths, the County Health Department's staff like to work with the Consultant Paediatrician, and may be able to contribute substantially.

The Ministry of Health have over the last 12 years made four successive 3-year Surveys of this kind in respect of Maternal Mortality in England and Wales, where every *maternal* death is carefully reviewed to try to assess whether more or different action in accordance with the best current practices might have given the patient a better chance of survival. The purpose is to derive lessons for future preventive action and impress them on students before and after graduation.

The latest report of the latter kind and covering the years 1961—3 was published in January 1966, and the review of it in the October 1966 number of the County Councils Association Gazette is from my hand. Among its findings are that if the rates obtaining in 1928—30, when a similar enquiry was undertaken, had been applied in 1961—3, the deaths would have been more than thirteen times the number actually recorded. Even in 1952—4, the first three-year period of the present series, the rates were more than double those in the latest enquiry.

In this latest national series concerning maternal deaths, the people who emerge from the enquiry as most culpable are in fact the patients themselves. In more than half the cases with avoidable factors, the patient and her relatives either failed to seek medical help or disregarded the medical advice which they were given : such unfortunately seems to have been the case in the solitary maternal death in Shropshire recorded in 1965. The paragraph under Table 48 on page 29 shows how sixteen pregnant women did not use the help available till they had to do so in emergency, and how in consequence 1 per cent failed to have Rhesus testing to safeguard their babies. The paragraph above Table 49 on page 30 reiterates the same point.

Among young people between 15 and 25 years of age there were 15 deaths from road accidents. Wild young drivers, not least 'learners' on motor cycles and scooters, are seen and known to take and create risks every day, and public and parental permissiveness are not preventing the preventible mortality which results.

Cancer of the lung killed 49 males between 45 and 65 years of age: many of these tragedies, too, might have been avoided.

The figures in Table 15 relating to Respiratory Tuberculosis show that ten years ago 153 new cases and 25 deaths were each more than three times what they were in 1965. Thirty years ago in 1935 the new cases were more than four times as many, and deaths 18 times as many, as in 1965.

Table 12 shows the **Principal Causes of Death.** Accident deaths other than motor accidents show an increase, as do deaths from Congenital Malformations (many of which are among the peri-natal deaths referred to above) and from Suicide. Deaths from Coronary Disease and Angina (Table 13) increased substantially, the rate per 1,000 population being the highest ever recorded for Shropshire. Are we perhaps living and eating too well and not taking enough exercise? On the other hand, it is more re-assuring to find that 70% of our total deaths do not take place until after 65, and 40% or more occur after 75 years of age.

Among Cancer deaths, **Lung Cancer** killed 131, breast cancers 51 and uterine cancers 19. Last year I was criticised for saying that lung cancer killed 5 times as many as uterine cancer, my critic reading into my simple statement the quite unwarranted implication that I cared little about the latter: this year the factor is 7. Uterine cancers may be preventible by using exfoliative cytology as soon as more space allows the Hospital Authorities to deal with more smears, but most lung cancers could be prevented if we did not smoke.

The Registrar General's figures for the first three quarters of 1966 show that deaths from Bronchitis have increased by 15% over the corresponding figures for the first nine months of each of the previous two years. So have deaths from Pneumonia, excluding those Pneumonias which are secondary to influenza.

Smoking is a big factor contributing to the bronchitis which is so conspicuous as to be called "The English disease".

The deaths from **Leukaemia** are high at 23, and that we know so little about the reason must cause us concern.

The figures for Notifiable **Infectious Diseases** are not remarkable, but concern about **Venereal Diseases in young people** is expressed on page 16. The total number of 40 new cases of Gonorrhoea dealt with at Shrewsbury is the highest for the last six years, and so is the figure of six new cases in girls under 20.

Those responsible for the care of young people will find in the introduction to my Annual Report as Principal School Medical Officer for 1965, a long section on the subject of Health Education.

Every social worker and teacher and nurse and school library should study the excellent little booklet "V.D. the Facts" which embraces many subjects which are far more important to adolescents than V.D. Copies from the County Health Department cost only sixpence.

Our **Premature Babies** have again had very good survival rates.

Congenital Malformations are dealt with on Page 19. The relatively high incidence of 29 cases of Spina Bifida, and of 21 cases of Talipes are notable in Table 31. Mr. G. K. Rose, Consultant Orthopaedic Surgeon, and his colleagues give the children much expert orthopaedic help. They also provide "Study Days" for Practitioners and other members of the Health Service. In April 1966, such a Study Day included an impressive explanation of what was being done for children suffering from the different degrees of Spina Bifida, and the lessons enjoined on us then have been passed on to our Doctors and Midwives and Ambulance Personnel, who are alert to move children with these handicaps to the appropriate hospital with the minimum of delay. We would at all levels like to help and support these children and their parents.

Cold Injury to the newborn is referred to on page 20. Early in 1965 attention was directed to a similar condition called **Hypothermia affecting the Elderly.** Circulars were sent to our Nurses regarding the signs to be looked for in this dangerous condition, and copies were sent to Practitioners for information, as we commonly do when we want the family doctors to know what we are trying to pass on to our Nurses. The Red Cross Society similarly circulated to their Shropshire members a broadsheet prepared at their request for them by our Health Department.

National Welfare Foods are expensive to handle, one calculation even claiming that it cost us £7,600 to distribute and sell £8,345 worth of food in 1965.

The press and the public sometimes say that this service and the sale of proprietary foods could be given up as no longer necessary; and many doctors probably agree that this is so. It is true, for example, that only 66% of Shropshire babies attended Welfare Centres in 1965, and a lower proportion 5 years ago, yet all the children who enter school at five are found in Shropshire to be of good nutrition, though a recent study asserts that quite bad malnutrition has been found elsewhere in the United Kingdom. The public use National Welfare Foods about as much as ever

and it has remained the policy of successive governments to provide them. Nor is their cost, per se, nearly as high as statistics would suggest. It is conventional to label certain Departments of the Council's activity—and the Health Department is one—as "spending departments", and to apportion around to the latter the costs of the other Departments, on the grounds that these do not spend money directly, but only for others.

What seems clear is that stopping this service, while it would save some money, would not necessarily save the big amounts debited to it to-day: for the reason that a big proportion of these are conventional apportionments imposed on relatively smaller direct costs.

Safety of Mother and Child: Anaemia in Pregnancy. In 1965 the senior Consultant Obstetrician reminded doctors that ante-natal Haemoglobin readings of less than 80% should be treated energetically.

Minor degrees of anaemia are common in women. In pregnancy, the urgent demands of the foetus convert a slight deficiency into a gross deficiency, so that the mother's anaemia becomes much more serious. A severe anaemia may become a very dangerous condition if a moderate post-partum haemorrhage complicates the third stage of labour.

Moderate degrees of anaemia are, in fact, very common in ante-natal and post-natal work, and it is important that cases of anaemia be recognised and treated appropriately. In the iron-deficiency anaemias, large doses of iron cause rapid improvement, the haemoglobin value of the blood may rise by as much as 30% in a month, and the corresponding improvements in the patients' condition are nearly always obvious.

In the Ministry Report on Maternal Deaths in England and Wales, referred to above, anaemia caused five deaths in the period 1961—63, and the experts of the Report regarded these as 100% avoidable. Anaemia is probably an avoidable factor in a large number of other deaths attributed, for example, to post-partum haemorrhage. That it may leave residual ill-health can be seen in Table VII on page 115, where anaemia ranks as by far the most frequent illness requiring nursing care; and Table 58 shows that the incidence of anaemia has increased by 13% on the 1964 figure. See also pages 36 and 37, and the right-hand Columns of Table VII on page 115. Practitioners will, for the most part, be anxious to get anaemia treated, and the interest of our Midwives in this important subject is now better accepted as integration of common partnership efforts.

Blood Tests to exclude the possibility of syphilis affecting the baby were carried out in 89% of all pregnancies in 1965, and none was positive. The percentage of pregnant women whose blood was thus tested has varied from 83 to 90% for the last 8 years. For the last 5 years inclusive, blood tests for the Rhesus Factor (page 29) were done in 99%, and for the 3 years before that in 98%, of all pregnant women.

Pre-Eclamptic Toxaemia. The origins of the illnesses grouped under the term "Toxaemia" are still not clearly known, but the early warning symptoms have been so well known for a generation as to make maternal deaths from toxaemia largely preventible. *That the deaths from toxaemia in the latest three-year series for England and Wales are the lowest recorded, and have fallen by* 40% *in six years*, is evidence of much better watchfulness on the part of the Practitioner and Midwife in taking heed of the early warnings so easily demonstrated by examination of the patient. This reduction is in itself remarkable evidence of the value of these enquiries, because increasing emphasis has been laid in under-graduate and post-graduate teaching on the need and ways to watch for this condition.

Vaccination and Immunisation. The records on pages 38 to 45 show substantial progress: Table 63 on page 41 is of particular interest as evidence of the protection afforded against Whooping Cough with striking reduction in the numbers of cases diminishing progressively over the 15 years covered by the Table. Some warnings on page 42 relate to avoiding possible dangers from reactions to Whooping Cough Vaccine.

The percentage of Shropshire children protected is increasing steadily and compares well with the national average, as Table 68 on page 44 shows.

The Report of the County Ambulance Officer on pages 45—51 is characteristically thoughtful and commendable, and I hope every member of the Health Committee will read and study the Tables, and pay perhaps particular attention to Mr. Walker's paragraphs about Training on page 47, and on page 48 under the heading of 'Staff'. All local training, and a very substantial part of all National training, owe a tremendous lot to the unremitting work and thought of this devoted officer, than whom the Council and the public have no more loyal servant.

The National Association of Ambulance Officers, of which Mr. Walker was a foundation member and an early President, deserves wide recognition and commendation. Mr. A. G. Naldrett, Adviser on Ambulance Services to the Ministry of Health from the 'appointed day' in 1948 until his retirement two or three years ago, early characterised the Association as "an altruistic body, unselfishly singleminded to improve Ambulance Services".

One of their major activities has been the National Competition for Local Authority Ambulance Services, which is now in its twelfth year and was won by the Salop Ambulance Service in 1959. Mr. Naldrett, when presenting an additional trophy for the Annual Competition, spoke of the need to adopt generally the higher standards of training which had been for some time made available to us in the Birmingham Region by the Surgeons of the Birmingham Accident Hospital—Professor Gissane, F.R.C.S., well-known for his television advocacy of road safety measures, the

late Mr. Ruscoe Clarke, F.R.C.S., who helped us so much before his untimely death in 1959, and Mr. Peter London, F.R.C.S., who has judged the Competition and remains one of the foremost advocates of the newer methods. Due to this Birmingham interest and help, a Regional Committee was set up by the Birmingham Regional Hospital Board some years ago, and on it your County Ambulance Officer and I have represented the interests of the County Councils in the Birmingham Region. Considerable research done by this Regional Committee ante-dated by some years the Ministry of Health Working Party now studying ambulance matters, and our Regional Committee still meets occasionally under the chairmanship of Mr. G. K. Rose, F.R.C.S., Consultant Orthopaedic Surgeon, Shropshire.

Mr. Rose produced an outstanding film of our Salop ambulance personnel in action. From it a film strip on the "Lifting and Handling of Patients" has been produced and very widely publicised, and it is in use by many Ambulance Authorities.

So in ambulance training the Salop Service, and notably your County Ambulance Officer, have played a very worthwhile and not inconspicuous part. The latter has just retired from the onerous duties of Secretary-Organiser of the National Competition for Local Authority Ambulance Services, which his colleagues induced him to hold for eleven years. Mr Walker is now a worthy first Chairman of the Institute of Ambulance Officers, founded by the National Association of Ambulance Officers and dedicated to the 'promotion and improvement of the theory and practice of ambulance service organisation and administration and all operations and expedients connected therewith.' The Institute have just completed their second annual examination in educational, administrative and technical subjects appertaining to the Ambulance Service; and their academic standards and qualifications might well be used by any National body which may be set up as a result of the advice in the report of the Ministry of Health Working Party.

The end of the year saw the opening of the new Depot at Craven Arms. In leaving the Ludlow Station our thanks are due to Mr. Atack who acted as Local Ambulance Officer, and to Mr. Mellings, who until his retirement organised and played an active personal part in the running of the Ambulance Services there. Mr. Walker expresses his thanks to these helpful colleagues at the top of page 47.

In connection with **Tuberculosis,** the paragraphs on page 53 and 54 headed "Medical Arrangements for Long-stay Immigrants" are new and of considerable interest. They seem to show that our Salop problems are numerically few in contrast with those of our neighbouring cities. In Salop the following-up of immigrants has been undertaken with resolution and with promising results: notably by the imaginative and constructive work of Mr. Addison, Senior Public Health Inspector to Wellington Urban District. Thirdly, they show that in the experiences of our neighbours the notification promised on entry seems inadequate and justifies every effort being pursued by us to help the immigrant and protect our indigenous population.

Older school-children are offered B.C.G. vaccination. Should the children become contacts of an active case, the searching investigations implicit in the little paragraphs under Table 79 on page 55 are pursued with resolution and at once, to the increasing safeguarding of the children. For the fact that these services seem adequate we have to thank Dr. Crowley for her good organisation, sense of responsibility and hard work.

Proposals for the **Fluoridation of Water Supplies** still disturb Lord Douglas of Barloch and his "National Pure Water Association", and his motion in the House of Lords on 26th January, 1966 produced an interesting and indeed fascinating debate of which the Hansard Report is available in your Health Department. There is no record that Lord Mountararat contributed in song or speech, but our own Lord Cohen of Birkenhead plied a mighty lance in defence of fluoridation, sanity, and medical science. As Chairman of the Central Health Services Council, the official body whom the National Health Service Act specifically charges to advise the Minister, he is evidently still regarded by successive Governments as an expert witness more credible than his fellow peer Lord Douglas.

So far as I know, no well informed body from the World Health Organisation downwards, nor doctor, nor dentist, can refute the arguments about the benefits of fluoridation.

Another Medical Officer wrote in a recent memorandum of evidence "On the issue of fluoridation the refusal of many (Authorities) to act on the Minister's advice is seen as a refusal to accept a proved and commended public health measure in face of a small, vociferous and mischievous opposition".

A pilot survey of Public Knowledge and Opinions about Fluoridation was carried out 3 years ago in an area where fluoridation has been carried out continuously now for 10 years. It seemed to refute completely the claim by the opposition to represent the mass of the population, for a considerable majority (70%—90%, depending on age groups and whether those interviewed had children or not) fully approved of the fluoridation which had been undertaken.

The Report of the Senior **Mental Welfare** Officer on pages 64—68 shows the extent to which this branch of the Health Department is involved in the domestic life of the people of Shropshire. In three years the number of patients for whose home care our Mental Welfare Officers took over responsibility, grew from 279 to 661, and the visits paid from 2,669 to 5, 906—increases of the order of 140 per cent.

To the 661 patients suffering from mental illness in the year 1965 must be added 989 patients subnormal and severely subnormal shown in Table 92 on page 67, and whose care often taxes the painstaking thought and patience and planning given to them by a number of dedicated Mental Welfare Officer visitors.

Mr. Ward's account of the Council's activities in this field of Mental Health is admirable, and once again I invite members to read in full this section, which gives a comprehensive review of this important and topical subject.

Elms House referred to on page 65 is a pioneer venture, and the success which it promises is in great part due to the close integration enjoyed with the Hospital workers at all levels, and to their careful selection of cases for this type of help. The interest and help afforded by the two local Ladies' Clubs has been a great encouragement to all concerned, but most of all to the patients and their relatives.

Home Helps. Table 97 on page 70 should not make us too complacent. What we really need to know is whether the needs of the public are being met adequately. Home Helps often have to be withdrawn—and from the Table, this obviously will be mostly from old people—in order to serve other or more urgent cases, such as sudden illness or home confinement. Perhaps we should have more Home Helps on our books?—though it is not usually a good thing to have more Helpers and not use them all.

We enjoy very good relationships with the County Welfare Officer and his Department, and they feel they should do some considerable research about the needs of people at home. When they propose a home survey of this sort, it would seem that we should co-operate with them to the full, and study whether our Home Help Service is as adequate as it should be, for it is undoubtedly a provision deserving considerable priority on grounds which are certainly humanitarian and very probably economic.

It is not easy to maintain a large number of part-time Home Helps to be available, without promising them reasonably consistent employment, while it would be uneconomic to pay them substantial retaining fees. Yet in Shropshire it seems that we are spending considerably less per thousand population than many comparable Authorities. Though it is not easy to recruit and retain helpers sufficient in numbers and quality, it is for consideration whether we should not try to do so, and extend more help to old people so that there is more margin, and less need for complaint about the reductions we sometimes have to effect. Though again, and in the view of the Central Government, regard must be had to reasonable economy because resources are not endless, and the present need for economy must make us hesitate to court further expansion, even of such valuable service as this. In the Borough of Shrewsbury, the number of whole-time Home Helps employed increased from 4 to 6 in 1965.

The figures in Table 97 on page 70 are revealing, notably perhaps the final figure showing that 94% of the hours worked are devoted to caring for the chronic sick and aged. With only three exceptions, every figure in each of the last six columns has risen every year of the last ten years to this remarkable latest series. This is not surprising since we live longer and the number and proportion of aged in the population increase.

The figures in Table 98 show that 5% of those using the service pay in full, 11% pay the assessed rate, and 84% get the service free.

The question remains—do enough people in need get enough help?

Nursing Homes. The fulfilment of the Council's statutory obligations to regulate the provision of proper facilities and services in private nursing homes has, I feel, been one of the tasks attempted by the Health Department which has met with only limited success during my tenure of office; and for the most part it must be admitted that we have failed to secure the provision of standards as high as they should be.

Some of the Nursing Homes have been co-operative and others have presented difficulties. I have never felt it a good thing that so many efforts should be spent and difficulties met with by officers over so many years to such little effect.

Like most questions, there are two sides to this one. Save for the new Nuffield Nursing Home opened in 1965 for acute cases and with standards quite unimpeachable, the greater number of beds in the older Nursing Homes of the County have been occupied by elderly people, some ambulant and some not acutely ill. The proprietors or "keepers" of the Nursing Homes have long claimed, and not wholly unreasonably, that it is unfair and illogical to impose on such Homes a standard in nursing care and numbers of trained nurses to be employed, as high as would be appropriate to Nursing Homes for acute cases.

The law recognises no such distinctions: and a Nursing Home once registered by the Council can admit any patient however ill, and might have many acute cases at any time. Moreover, anyone entrusting a sick relative to a County Council registered Nursing Home is entitled to the protection of an agreed standard of nursing care. After many years when some larger Nursing Homes in Shropshire successfully resisted efforts by successive Medical Officers to get standards raised, the Health Committee, following the new Act and Regulations of the Central Government in 1963, gave in the years 1964—5 intensive attention to this problem and sought to impose certain minimum standards, as for instance that one trained nurse must be available on the premises at all times as well as modest numbers of assistants, but even this was not always successful. The very fact that the old and helpless constitute by far the greatest proportion of those accommodated should be the stimulus to afford them a protection when our experience amply demonstrates the need. In extreme cases and at the worst, the patients may feel that they are incarcerated and dare not complain—"Our bones are dried and our hope is lost"—and this is where the Council are charged to 'regulate the provision of proper facilities and services'.

Considerations not dissimilar apply in the case of **Day Nurseries,** and careful consideration is invited to the "review of arrangements" for these, set out in pages 96—108 of this Report.

Our experience in Shropshire shows that, as a money-earning proposition, these Day Nurseries should be discouraged. If staff adequate in training and numbers are employed and proper accommodation standards are to be observed, it seems nearly impossible to maintain economic equilibrium, and the Table in the middle of page 97 and the paragraph following the table demonstrate this.

Here again Parliament have charged the Council with the duty to register and supervise, and I have long warned enquirers that for commercial enterprises it is very hard to succeed financially while observing the standards for staff and accommodation which the Council would like to impose. It seems important to make this clear before such an enterprise is allowed to begin, for the reason that, once established, all sorts of sentimental considerations tend to cloud clear thinking. "It is 'nice' for the children to enjoy companionship": "the Minders are generously rendering a public service": "the Local Authority are bureaucratic and authoritarian faceless ones who do not really care for the children's interests".

The truth of the matter is that Parliament have placed on Local Health Authorities the responsibility for seeing that the nurseries are run under conditions ensuring the children's safety—that is what the Act provides for, and Local Health Authorities are charged to take care of. If clear focus is maintained on these objectives and the tasks in hand, without debating too many other considerations, the control that Parliament have made the Council responsible for can be maintained.

The failure to secure registration which is recorded under paragraph 5 (b) on page 98 was a grave disappointment and had an inevitably discouraging effect on the morale of the staff of the Health Department concerned.

For Service establishments set up on a non-profit-making basis to aid the children and mothers on a large Station, one has the greatest sympathy. Here motives are not commercial but altruistic and constructive. For the Armed Services to maintain nurseries as a welfare measure for their families is not a simple matter, for here again good uncrowded accommodation and staff sufficient in numbers and training are expensive to provide, while the users sometimes seem averse equally to paying economic charges or offering voluntary help themselves. Medical Officers of the County Health Department have enjoyed close co-operation with the Station Commanders and the administration at both Cosford and Tern Hill R.A.F. Stations, and with the Commanding Officer at Donnington Garrison, and this co-operation is gratefully acknowledged.

Medical Examinations have increased again. Many Authorities have abandoned full medical examination and accept the risks implied. Hitherto the Health Committee and Council have preferred to maintain the full system, and on the whole your Medical Officers have agreed that this is the wiser and better course. Two thoughts are offered for consideration in this connection—the Council's Medical Officers might perhaps not protest if the Council were to elect to adopt an alternative scheme; and secondly, while we have favoured continuance of examination, it might well be worthwhile to consider the allocation of the bulk of such work to a suitable doctor outside the Council's central office staff. An elder-statesman practitioner devoting a lot of time to this kind of work might acquire an expertise which the ordinary practitioner finds difficult to equate with his long teaching's insistence on the intimate "doctor-patient" relationship. It is splendid that their patients should remain individuals for their family doctors to protect, but superannuation work has necessarily to consider rather the relationship of the individual to the community, and that the interest of the latter must in this context be paramount. The doctor doing superannuation work should clearly understand these terms of reference. He is here contracting primarily, not to further the interests of any individual candidate, but to protect the other employees and the superannuation fund, and the employer responsible for these latter, and ultimately the public whose interests and money are involved. If a Practitioner of suitable qualifications could be attracted to undertake this work, much needed relief would result to the Council's central office staff, and one carefully chosen medical assessor might accumulate increasing judgment and wisdom in this rather esoteric speciality.

Inspection and Supervision of Foods. The report of the County Public Health Inspector and his section beginning on page 74 affords its usual evidence of sterling work. Saving of ratepayers' money by 'screening' tests on 1,200 milk samples, so that only 21 went to the County Analyst at Warrington for formal analysis, was again effected and effective, and the scientific accuracy of this and other work must command our admiration and respect.

Complementary to this is the genial way that such business is conducted, whereby Mr. Coups and Mr. Hall have earned the respect of their farming friends and secured their co-operation.

Their methods for testing for and trying to control Brucellosis in cattle (page 78) are original and models of their kind, again dependent on the co-operation of the farmers with whom they work, and who indeed regard the Health Department of the Council as allies in trying to eradicate this disease so lethal to cattle and capable of producing prolonged illness in man. Many efforts are pursued by Central and Local Government Departments to regulate this expensive infection, and the work and thought given to the subject by our two County Public Health Inspectors has brought credit to Salop in the eyes of other Authorities seeking similar success.

The first sentence on page 78 means that on every cow (repeat *on every cow*) there is carried out annually a 'whey' test, a 'ring' test and a 'culture' test for Brucella infection. These latter tests are done at the Regional Laboratories of the Ministry of Agriculture, Fisheries and Food at Tettenhall. The second sentence relates to guinea-pig tests carried out at the Public Health Laboratory at Shrewsbury by courtesy of its Director, Dr. Alun Jones.

Here and under the heading of **Other Food and Drugs** are recorded the results of Court Proceedings. These are not, as defending advocates would sometimes claim, a matter of persecution by a soulless bureaucracy. Study of the details of our milk and food sampling records shows that prosecution, even where adulteration has occurred, is by no means inevitable. Although with the advice and help of the Council's Legal Department, every case prosecuted has been convicted when heard in Court, far more warnings are issued than prosecutions pursued. Were it not for this constant vigilance, adulteration of milk and food might well be more rife. I well remember the producer who chose a particularly busy Christmas Day to add more water to his milk, and how the Health Department's officers, rising alertly to this challenge, secured his conviction.

This work belongs appropriately to the Health Committee and Department of the County Council and should remain their responsibility, as indeed is the commoner practice in England and Wales. If this were ever in doubt, there is much evidence in the Health Department's files on the subject to show that the way we operate at present is the better practice.

Work of this kind is nowadays more often a matter of health hazards than of consumer protection against fraud—topical examples are current work to combat the possible hazards of pesticide residues, antibiotics in milk, and brucellosis. Again, on all matters concerning the protection of the public against health hazards in food, the constant association and liaison between our County Council staff and the District Council Public Health Inspectors throughout the County save duplication and wasted effort. Because this intimate day-to-day liaison exists already, it is a simple matter for the Health Department officers to determine with their District Council colleagues how any individual case can best be dealt with.

Sanitary Circumstances. One could wish for more interest on the part of some of the County Districts in the environmental or sanitary problems which are chiefly their responsibility. When their returns show either that they do no know or will not tell the facts about environmental conditions within their areas, this implies either the failure of local work or interest, or lack of candour and wish to co-operate.

The County Public Health Inspector, Mr. Coups, on behalf of the County Council, helped one Rural District Council and their officers to carry out a most painstaking and detailed survey of every property in the District between the years 1962 and 1963. As a result that Authority ended by knowing exactly how every property then in their District stood; they brought it up to date in 1964—1965, and they are still able to maintain an annual or even day-to-day appraisement of their sanitary affairs for that area.

Such enterprise is needed for every District to establish basic facts on which plans for amelioration can be built. The County Council staff with their overall interest and responsibilities and experience can usually co-operate, and their services should be made available to such extent as their other County Council commitments allow.

During the time that I have been County Medical Officer I have enjoyed many contacts outside the County Council—many, of course, on Committees related to other branches of the National Health Service. Notable among these have been the No. 15 Group Hospital Management Committee, with a number of associated Committees such as the Group Medical Advisory Committee and the Local Maternity Liaison Committee. On the "Family Doctor" side I have been a member of the Local Medical Committee of Practitioners and of the Local Obstetric Committee, both associated with the Executive Council for Shropshire who administer the General Medical Services. Among the members and officers of all these Committees and with those of the Regional Hospital Board in Birmingham, I have constantly found friendship and support, and tolerance and good temper and courtesy, and such relationships have made my professional life in Salop a very enjoyable experience.

Of the staff of the Health Department—Doctors and Health Visitors, District Nurses and Midwives, and Ambulance men and women outside, and Administrative and Professional and Technical and Clerical workers inside the Shirehall, I can only write that they have always been loyal and co-operative friends whom I have admired and with whom I have enjoyed working: and I gratefully acknowledge their many cheerful kindnesses to me.

Especially would I like to record again my thanks to Mr. Brawn, whose wisdom and patience in the preparation of this and so many other reports have been invaluable.

To my colleagues in other Departments of the Council, and particularly to the Council themselves, always generous and kindly, I record my sincere appreciation and thanks.

I have the honour to be, Mr. Chairman, My Lords, Ladies and Gentlemen,

Your obedient Servant,

T. S. HALL,

County Medical Officer of Health.

County Health Department,
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Abbey Foregate,
SHREWSBURY.
(Tel. No. Shrewsbury 52211).

November, 1966.

HEALTH COMMITTEE AND SUB-COMMITTEES

(As at December, 1965)

HEALTH COMMITTEE

CHAIRMAN: Councillor R. J. S. Parry-Jones, J.P.

VICE-CHAIRMAN: Alderman Dr. L. A. Hamar

ALDERMEN:

Boyne, Dowager The Viscountess, C.B.E., J.P., LL.D., D.G.St.J.

Heywood-Lonsdale, Lt.-Col. A., M.C., J.P., D.L. (Vice-Chairman of Council)

Fell, W. M. W., M.Sc. (Chairman of Council)

Stephens, Mrs. I. E., M.B.E.

Thomas, E.B., J.P.

Wakeman, Captain Sir Offley, Bt., C.B.E., J.P., D.L.

COUNCILLORS:

Attlee, Dr. W. O., J.P.

Beavan, A. F.

Chreseson, G., M.B.E.

Dawson, G. A.

Harrison, Mrs. E.

Hayward, Mrs. J. A.

Jones, T.

Jones, T. H.

Marsh, Mrs. B. E.

McDonald, L.

Morgan, T. I.

Morris, T. E.

Rhaiadr-Jones, J. R.

Smith, C.

Williams, A. C.

Vacancy

CO-OPTED MEMBERS:

Beckett, H. R.
Jellicoe-Wall, H. — Nominated by Shrewsbury Borough Council

Ryle, Dr. J. C. — Nominated by Shrewsbury Local Medical Committee

Wood, Miss N. E. — Co-opted member of Health (Nursing) Sub-Committee

Morris, Mrs. E. L., J.P.
Pooler, Dr. W. R. H. — Other Members

HEALTH (GENERAL PURPOSES) SUB-COMMITTEE

Chairman of Council
Vice-Chairman of Council
Attlee, Dr. W. O.
Boyne, Dowager The Viscountess
Chreseson, G.
Dawson, G. A.
Hamar, Dr. L. A.
Hayward, Mrs. J. A.
Morris, T. E.
Parry-Jones, R. J. S. (Chairman)
Pooler, Dr. W. R. H.
Rhaiadr-Jones, J. R.
Smith, C.
Stephens, Mrs. I. E.
Thomas, E. B.

HEALTH (NURSING) SUB-COMMITTEE

Chairman of Council
Vice-Chairman of Council
Attlee, Dr. W. O.
Boyne, Dowager The Viscountess
Hamar, Dr. L. A. (Chairman)
Harrison, Mrs. E.
Marsh, Mrs. B. E.
Morris, T. E.
Parry-Jones, R. J. S.
Pooler, Dr. W. R. H.
Ryle, Dr. J. C.
Smith, C.
Stephens, Mrs. I. E.
Thomas, E. B.

Co-opted Members:
Borough, Mrs. M. L.
Cholmondley, Mrs. V. M.
Maclean, Mrs. G.
Morris, Mrs. E. L.
Purslow, Mrs. H. N.
Wakeman, Mrs. P. L. A.
Wood, Miss N.

HEALTH (WATER) SUB-COMMITTEE

Chairman of Council
Vice-Chairman of Council
Beavan, A. F.
Chreseson, G.
Dawson, G. A.
Hamar, Dr. L. A.
Jellicoe-Wall, H.
Jones, T.
Jones, T. H.
McDonald, L.
Parry-Jones, R. J. S.
Rhaiadr-Jones, J. R. (Chairman)
Smith, C.
Thomas, E. B.

MEDICAL, DENTAL AND ANCILLARY STAFFS

County Medical Officer and Principal School Medical Officer:
THOMAS S. HALL, M.B.E., T.D., M.D., B.Sc., B.Ch., D.Obst.R.C.O.G., D.P.H.

Deputy County Medical Officer and Deputy Principal School Medical Officer:
*WILLIAM HALL, M.B., Ch.B., M.R.C.S., L.R.C.P., D.Obst.R.C.O.G., D.P.H.

Senior Medical Officer:
NORA V. CROWLEY, M.B., B.Ch., B.A.O., D.C.H., L.M., D.P.H.

Administrative Medical Officer:
*KENNETH CARTWRIGHT, M.B., B.Ch., D.P.H.

Assistant County, School and District Medical Officers:
ELIZABETH CAPPER, M.B., Ch.B., D.P.H.
ALISTAIR C. MACKENZIE, M.D., Ch.B., D.P.H.
DOUGLAS R. MCCAULLY, B.A., M.D., B. Ch., B.A.O., D.P.H.
WILLIAM MOORE, M.B., B.A., B.A.O., D.Obst.R.C.O.G., D.T.M.H., D.P.H.
SAMUEL SMITH, M.B., Ch.B., D.P.H.
MARGARET H. F. TURNBULL, M.B., Ch.B., D.P.H.

Assistant County and School Medical Officers:

Whole-time:
KENNETH E. JONES, M.B., Ch.B.
FLORA MACDONALD, M.B., B.S., D.P.H.
LUDWIK Z. MARCZEWSKI, Medical Diploma (Lwow, Poland)
ALICE N. O'BRIEN, M.B., Ch.B., D.P.H.

Part-time:
KATHLEEN M. BALL, M.B., B.Ch., B.A.O., D.P.H.
AGNES D. BARKER, M.B., Ch.B.
JOAN B. DEACON, M.R.C.S., L.R.C.P., (Appointed 6th October, 1965)
PATRICIA J. ELSON, M.B., B.S.
MYRA J. FREEMAN, M.B., Ch.B.
ISABELLA L. H. HEWLETT, M.D., B.S., M.R.C.S., L.R.C.P., (Appointed 2nd August, 1965)
GILLIAN HOYLE, M.B., Ch.B. (Appointed 14th May, 1965)
HENRY A. JOHNSON, M.B., Ch.B., M.R.C.S., L.R.C.P.
ELIZABETH R. POLLAND, L.R.C.P., L.R.C.S., L.R.F.P.S.
JOAN P. H. THOMPSON, M.R.C.S., L.R.C.P., (Appointed 16th November, 1965).

Principal Dental Officer:
CHARLES D. CLARKE, L.D.S.

Dental Officers:

Whole-time:
GEOFFREY G. FIELD, B.D.S.
NOEL GLEAVE, L.D.S.
PETER HOWE, L.D.S.
GEORGE B. WESTWATER, L.D.S.

Part-time:
MARTIN S. BROOKES, L.D.S. (Resigned 30th September, 1965)
HARRY B. KIDNER, L.D.S., R.C.S.
REGINALD H. N. OSMOND, L.D.S.
JEAN W. PATTISON, L.D.S.

Dental Technicians:
NORMAN J. RUSHWORTH
CLIVE EVERINGHAM

Dental Hygienist:
MARY HATFIELD (Appointed 1st January, 1965).
NANCY SMITH

Dental Auxiliary:
PAMELA A. UPTON

Superintendent Nursing Officer, Superintendent Health Visitor and Non-Medical Supervisor of Midwives:
FRANCES M. ROGERS, S.R.N., S.C.M., Q.N., H.V.

Deputy Superintendent Nursing Officer:
RITA M. HUGHES, S.R.N., S.C.M., Q.N., H.V.

Assistant Superintendent Nursing Officers:
CONSTANCE M. GRIERSON, S.R.N., S.C.M., Q.N., H.V.
GLADYS M. WILLCOCKS, S.R.N., S.C.M., Q.N., H.V.

*Also District Medical Officer of Health

Senior Chiropodists:

JOHN POXON, L.Ch., H.Ch.D., S.R.Ch. (Appointed 1st March, 1965)
CATHERINE W. SMITH, M.Ch.S., S.R.Ch.
WILLIAM G. SMITH, M.Ch.S., S.R.Ch.

Chief Administrative Assistant:

CYRIL PROPHET

County Public Health Inspector:

DAVID COUPS, Cert. R.S.I.

Assistant County Public Health Inspector:

GEORGE HALL, Cert. R.S.I.

County Analyst:

J. GRAHAM SHERRATT, B.Sc., F.R.I.C.

County Ambulance Officer:

WALTER WALKER, M.B.E., F.I.A.O.

Deputy County Ambulance Officer:

FRED BROWN

Health Education Officer:

HARRY HARRIS

Health Education Lecturer (part-time):

JEAN M. OWEN

Audiologist/Senior Speech Therapist:

EDWARD PAULETT, L.C.S.T., Diploma in Audiology

Speech Therapists:

JILL BELLIS, L.C.S.T. (Resigned 30th November, 1965)
CYNTHIA M. MAUGHAN, L.C.S.T. (Part-time from 17th September, 1965)
CYNTHIA D. WAGG, L.C.S.T.

Tuberculosis Health Visitor:

ENID THOMAS, S.R.N., H.V.

Administrative Mental Welfare Officer:

ERNEST A. R. WARD

Deputy Administrative Mental Welfare Officer:

CHARLES T. FRANCIS

Mental Welfare Officers:

HAROLD W. CURETON, S.R.N., R.M.N.
DILLWYN B. DAVIES, R.M.N. (Resigned 11th July, 1965)
NORMAN GRAY, R.M.N.
ANTHONY GRIFFITHS, R.M.N.
FREDERICK R. KING, S.R.N., R.M.N.
ELIZABETH J. KYNASTON, S.R.N., R.M.N.
RONALD G. SHAW, R.M.N. (Appointed 1st September, 1965)
ANNE D. WARD, S.R.N., R.M.N., Certificate in Social Work
KATHLEEN G. TEAGUE
DESMOND GEORGE THOMAS, R.M.N., (Appointed 27th September, 1965)

Occupation Centre Supervisors:

MARY E. C. TYLER, Dip. N.A.M.H.
ETHEL E. WARD, S.R.N., S.C.M., H.V.

Officers employed by the Birmingham Regional Hospital Board and undertaking part-time duties on behalf of the County Council:

Consultant Chest Physicians:

ARTHUR T. M. MYRES, B.A., B.M., B.Ch., M.R.C.P., M.R.C.S., L.R.C.P.
PHILIP E. PERCEVAL, M.D., M.A., B.Ch., M.R.C.S., L.R.C.P.

Consultant Children's Psychychiatrist:

DAVID R. BENADY, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H., D.P.M. (Appointed 1st October, 1965)

Consultant Orthodontists:

BRIAN T. BROADBENT, F.D.S.
MICHAEL F. SCOTT, L.D.S.

LOCAL GOVERNMENT ACT, 1933—SECTION 111

Medical Officers of Health of County Districts

The table below shows the systems of "mixed appointments" and "combined districts" operating on 31st December, 1965. With the exception of North-East Salop United Districts, the whole of the County is covered by Medical Officers employed jointly by the District Councils and the County Council.

With the retirement in October, 1961, of Dr. W. A. M. Stewart as whole-time District Medical Officer to the North-East Salop United Districts, negotiations were opened with the Authorities concerned to bring into operation arrangements formulated by the County Council in 1957 under Section 111 of the Local Government Act, 1933 ,whereby they would be served by "mixed appointment" Medical Officers appointed jointly with the County Council.

These negotiations, however, failed to produce agreement upon a basis for "mixed appointments" acceptable to both sides. Three of the constituent Authorities elected to secede from the United Districts group and to join with the County Council in separate "mixed appointments."

The remaining five Authorities elected to appoint their own whole-time District Medical Officer of Health, for which purpose the "North-East Salop United Districts (Medical Officer of Health) Order, 1963," came into force on 1st November, 1963. This post has now been filled, after an interval of 4½ years, by the appointment, from 1st May, 1966, of Dr. H. S. Bury.

Table 1: District Medical Officers of Health

Medical Officer	Districts	Acreage	Population		
			Census 1961	Estimated Mid-1965	
Mixed Appointments:					
A. C. Mackenzie, M.D., Ch.B., D.P.H.	Shrewsbury Borough	8,118	49,566		51,670
W. Moore, M.B., B.Ch., B.A.O., D.Obst. R.C.O.G., D.T.M.H., D.P.H.	Oswestry Borough	2,173	11,215	12,040	31,320
	Oswestry Rural	61,526	18,598	19,280	
S. Smith, M.B., Ch.B., D.P.H.	Ellesmere Urban	1,220	2,261	2,370	31,970
	Wem Urban	903	2,606	2,800	
	Whitchurch Urban	6,052	7,160	7,230	
	Ellesmere Rural	48,253	7,037	7,460	
	Wem Rural	60,343	11,606	12,110	
M. H. F. Turnbull, M.B., Ch.B., D.P.H.	Bridgnorth Borough	2,645	7,552	8,900	37,990
	Wenlock Borough	22,657	14,935	15,200	
	Bridgnorth Rural	100,897	14,838	13,890	
W. Hall, M.B., Ch.B., M.R.C.S., L.R.C.P. D.Obst.R.C.O.G., D.P.H.	Bishop's Castle Borough	1,867	1,228	1,260	37,500
	Church Stretton Urban	6,198	2,707	2,910	
	Atcham Rural	134,490	22,304	24,440	
	Clun Rural	132,512	8,604	8,890	
	Ludlow Rural	112,834	13,258		13,380
E. Capper, M.B., Ch.B., D.P.H.	Ludlow Borough	1,068	6,796		6,990
D. R. McCaully, B.A., M.D., B.Ch., B.A.O., D.P.H.	Market Drayton Urban	1,240	5,859	6,200	16,590
	Drayton Rural	54,831	9,585	10,390	
K. Cartwright, M.B., Ch.B., D.P.H.	Dawley Urban	3,259	9,558		10,480
Whole-time:					
H. S. Bury, M.R.C.S., L.R.C.P., D.P.H. (W.e.f. 1st May, 1966)	Newport Urban	921	4,460	5,240	79,310
	Oakengates Urban	2,396	12,163	14,840	
	Wellington Urban	2,281	13,654	15,940	
	Shifnal Rural	39,282	14,227	15,590	
	Wellington Rural	54,518	25,965	27,700	
	Total	862,484	297,742		317,200

Annual Report for 1965

ADMINISTRATION

The Work of the County Health Department is controlled by the Health Committe, certain powers being delegated to a number of Sub-Committees, the composition and duties of which are as indicated below:

HEALTH (GENERAL PURPOSES) SUB-COMMITTEE:

Chairman and Vice-Chairman of the Council
Chairman and Vice-Chairman of the Health Committee — *Ex-officio*
Chairmen of the Nursing and Water Sub-Committees
Ten members of the Health Committee

To deal with day-to-day matters of urgency connected with the administration of the Local Health Services, including matters relating to the Ambulance Service; to advise the Health Committee as to the administration of the Mental Health Service; and to exercise the Council's powers under the Milk (Special Designation) Regulations, 1963; and Sections 37—38 of the Food and Drugs Act, 1955 (Sale of designated milk by retail in specified areas).

HEALTH (NURSING) SUB-COMMITTEE:

Chairman and Vice-Chairman of the Council
Chairman and Vice-Chairman of the Health Committee — *Ex-officio*
Ten members of the Health Committee
Seven co-opted members nominated by the Health Committee

To advise the Health Committee on the administration of the Local Health Services for the care of mothers and young children; midwifery; health visiting; home nursing; vaccination and immunisation; prevention of illness, care and after-care; domestic help; registration of Nurseries and Child Minders; supervision of midwives; registration of nursing homes and nurses' agencies; and investigations under the Midwives' Acts.

(This is also the Care Committee under the Council's scheme for the care and after-care of tuberculous patients).

HEALTH (WATER) SUB-COMMITTEE:

Chairman and Vice-Chairman of the Council
Chairman and Vice-Chairman of the Health Committee — *Ex-officio*
Nine members of the Health Committee

To consider the reports of the Council's consultant upon water supply and sewerage; to advise the Health Committee upon the exercise of their functions in relation to water supplies and sewerage and, in particular, as to the making of grants under the Local Government Act, 1958, and the Rural Water Supplies and Sewerage Acts, 1944—1955, with authority to approve schemes in principle on behalf of the County Council; and to advise the Health Committee as to the exercise of the powers and duties of the Council under the Housing Acts and the Water Acts, 1945—1948.

National Assistance Acts, 1948—1959:

Administration under these Acts is the responsibility of the Welfare Committee of the County Council.

VITAL STATISTICS

Area of Administrative County (acres)	862,484
Rateable Value (at 1st April, 1965)	£10,611,261
Estimated product of 1d. rate (at 1st April, 1965)	£43,400

Table 2: General Statistics

	Urban Districts	Rural Districts	County
POPULATION:			
Estimated population (mid-1965)	164,070	153,130	317,200
BIRTHS:			
Live Births	3,078	2,704	5,782
Rate per 1,000 population	18.76	17.66	18.23
Illegitimate live births	219	170	389
Percentage of total live births	7.1%	6.3%	6.7%
Stillbirths	56	49	105
Rate per 1,000 live and still births	17.87	17.80	17.83
Total live and still births	3,134	2,753	5,887
INFANT DEATHS:			
Deaths under one year	62	41	103
Mortality rates:			
All infants per 1,000 live births	20.14	15.16	17.81
Legitimate infants per 1,000 legitimate live births	20.64	13.81	17.43
Illegitimate infants per 1,000 illegitimate live births	13.70	35.29	23.14
Deaths under four weeks	35	28	63
Neo-natal mortality rate per 1,000 live births	11.37	10.84	10.89
Deaths under one week	28	24	52
Early neo-natal mortality rate per 1,000 live births	9.10	8.88	8.99
Deaths under one week and stillbirths	84	73	157
Perinatal mortality rate per 1,000 live and still births	26.80	26.52	26.67
MATERNAL DEATHS:			
Deaths (including abortion)	1	—	1
Rate per 1,000 live and still births	0.32	—	0.17
DEATHS:			
Total deaths from all causes	1,944	1,510	3,454
Rate per 1,000 population	11.85	9.86	10.89

Population.—The Registrar-General's estimate for mid-1965 of the County population, inclusive of members of the Armed Forces, was 317,200, and this figure is used for the calculation of birth and mortality rates—referred to as the 'crude' rates.

The distribution of the population throughout the County is shown in Table I on page 109, which shows that 164,070 persons were resident in the urban areas and 153,130 in the rural areas. The growth of population in comparison with the Census years is shown in the table below:

Table 3: Population

	1931 Census		1951 Census		1961 Census		Mid-1965	
	Persons	%	Persons	%	Persons	%	Persons	%
Urban Districts	121,665	49.8	139,570	48.2	151,720	50.9	164,070	51.7
Rural Districts	122,491	50.2	150,232	51.8	146,022	49.1	153,130	48.3
County	244,156	100	289,802	100	297,742	100	317,200	100

On 1st April, 1965, the West Midland Counties Order, 1965 gave effect to certain minor alterations to the County boundary, as follows:—

From	To	Area	County District affected	Increase or Decrease: Acreage (land and inland water)	Increase or Decrease: Population 1961 Census
Shropshire	Cheshire	Hollyhurst Wood	Whitchurch U.	—1	—5
Staffordshire	Shropshire	Portion of Tyrley	Market Drayton U. Drayton R.	+24 +773	Nil +201
Staffordshire	Shropshire	Islington	Newport U. Wellington R.	+152 Under 1 acre	+91 Nil
Shropshire	Staffordshire	Brockton Grange	Shifnal R.	—277	—11
Worcestershire	Shropshire	Small portion of Worcestershire (Burford)	Ludlow R.	+11	Nil

The nett increases in the County's acreage and population (1961 Census) were respectively 682 and 276.

The County population as a whole increased by 5,320 compared with the previous year. Excess of births over deaths gave a natural increase of 2,328.

The density of population was 0.37 persons per acre, with 2.60 persons per acre in urban areas and 0.19 in rural areas. The most sparsely populated districts were Church Stretton (0.47) in urban areas and Clun (0.07) in the rural areas. Wellington Urban (6.99) and Wellington Rural (0.51) were the heaviest populated in urban and rural districts respectively.

Births.—The live births registered in and appertaining to this County in 1965 numbered 5,782 —a decrease of 14 compared with the previous year.

The birth rate per 1,000 of population was 18.23 for the County as a whole. Adjusting this to allow for distribution of the population by sex and age gives a standardised rate of 18.59, compared with the provisional rate of 18.0 for England and Wales.

Of the 5,782 live births, 5,393 were legitimate and 389 illegitimate. This latter figure is 69 more than in 1964 and represents 6.7 per cent of the total births (an increase of 1.2 per cent), giving an illegitimacy rate of 67 per 1,000 live births compared with 77 for England and Wales.

The births and birth rates for each Sanitary District of the County are shown in Table II on on page 110.

Stillbirths.—In 1965 there were 105 stillbirths, giving a rate of 17.8 per 1,000 live and still births, the same as for the previous year. While this is still an improvement on earlier years, it is above that for England and Wales of 15.7 for 1964.

The table below shows the stillbirth rates for Shropshire during the past decade.

Table 4: Stillbirth Rates

Year	Stillbirths	Live Births	Total	Rate per 1,000 Live and Still births
1956	114	4,424	4,538	25.12
1957	101	4,528	4,629	21.82
1958	109	4,686	4,795	22.73
1959	110	4,782	4,892	22.49
1960	118	4,897	5,015	23.53
1961	112	5,156	5,268	21.26
1962	105	5,323	5,428	19.34
1963	99	5,571	5,670	17.5
1964	105	5,796	5,905	17.8
1965	105	5,782	5,887	17.8

Illegitimate stillbirths numbered 12, giving a rate of 29.9 per 1,000 illegitimate live and still births.

Infantile Mortality.—Deaths registered in 1965 of infants who died before reaching one year of age numbered 103—a decrease of 5 compared with 1964. Increased mortality occurred from congenital malformations (3 more) and accidents other than motor vehicle (2 more). The subject of congenital malformations is dealt with fully on page 19.

The infant mortality rate for 1965 of 17.8 per 1,000 live births is only slightly higher than the lowest rate for Shropshire recorded at 17.6 in 1963, and compares very favourably with the provisional rate for England and Wales of 19.0 for 1965.

Infant mortality rates for the past decade are compared below with national rates.

Table 5: Infant Mortality Rates

Year	Live Births	Deaths	Rate per 1,000 live births	
			Shropshire	England and Wales
1956	4,424	120	27.12	24
1957	4,528	118	26.06	23
1958	4,686	90	19.21	23
1959	4,782	96	20.08	22
1960	4,897	95	19.40	22
1961	5,156	114	22.11	21
1962	5,323	136	25.55	21
1963	5,571	98	17.6	21
1964	5,796	108	18.6	20
1965	5,782	105	17.8	19

Deaths of illegitimate infants numbered 9 and 6 of these were in rural districts, giving a rate for the rural area of 35.29 per 1,000 illegitimate live births, as against 23.14 for the County.

Below are given the causes of infant deaths registered in 1965, with comparative figures for the previous year:

Table 6: Deaths of Infants under one year

	Under 4 weeks		4 weeks to 1 year		Total	
	M	F	M	F	1965	1964
Other defined and ill-defined diseases (including prematurity)	20	18	4	2	44	59
Congenital malformations	6	15	7	4	32	28
Pneumonia	—	1	10	3	14	14
Accidents—other than motor vehicle ..	2	—	1	2	5	3
Meningococcal infections	—	—	2	—	2	—
Gastritis, enteritis and diarrhoea	—	—	2	—	2	2
Bronchitis	—	—	1	1	2	—
Homicide	1	—	—	—	1	—
Coronary disease, angina	—	—	1	—	1	—
Heart disease	—	—	—	—	—	1
Other infectious and parasitic diseases ..	—	—	—	—	—	1
TOTAL ..	29	34	28	12	103	108

As will be seen from the table below, 63 of the 103 infant deaths registered in 1965 (or 61.2 per cent) occurred in the first month of life. Of these 26 were regarded as "premature", being 5½lb. or less in weight at birth. Further particulars regarding such premature infants are to be found in the section of this Report dealing with "Care of Mothers and Young Children" commencing on page 17, which includes a table showing the relationship between the birth weights of premature infants and their prospects of survival.

Table 7: Infant Deaths—Age Groups

Age Groups	1962		1963		1964		1965	
	Deaths	%	Deaths	%	Deaths	%	Deaths	%
Under one week ..	78	57.35	59	60.2	63	58.3	52	50.5
1—4 weeks	10	7.35	11	11.2	11	10.2	11	10.7
1—12 months ..	48	35.30	28	28.6	34	31.5	40	38.8
TOTAL ..	136	100	98	100	108	100	103	100

Neo-natal deaths.—Despite progress in reducing the infant mortality rate in this County by more than half in the past twenty years, roughly two-thirds of infant deaths continue to occur in the first month after birth. Such deaths constitute the neo-natal rate and for 1965 this was 10.9 per 1,000 live births and the best recorded rate for Shropshire. By comparison, the rate for England and Wales for 1965 was 13.0.

Table 8: Neo-Natal Mortality Rates

Year	Deaths in first month	% of deaths under one year	Rate per 1,000 live births	
			Shropshire	England and Wales
1956	84	70.0	18.99	16.9
1957	87	73.7	19.21	16.5
1958	64	71.1	13.66	16.2
1959	74	77.1	15.47	15.8
1960	72	75.8	14.70	15.6
1961	82	71.9	15.90	15.5
1962	88	64.7	16.53	15.1
1963	70	71.4	12.6	14.2
1964	74	68.5	12.8	13.8
1965	63	61.2	10.9	13.0

Perinatal Mortality.—Perinatal deaths are those occurring near to birth and perinatal mortality is, therefore, based upon deaths under one week and stillbirths.

In 1965, deaths under one week and stillbirths totalled 157, giving a mortality rate of 27 per 1,000 live and still births, compared with 28 in the previous year, and a provisional rate for England and Wales of 26.9 for 1965.

Table 9: Perinatal Mortality Rates

Year	Deaths under one week	Stillbirths	Total	Rate per 1,000 live and still births	
				Shropshire	England and Wales
1958	56	108	164	34	35
1959	63	110	173	36	34
1960	67	118	185	37	33
1961	69	112	181	34	32
1962	78	105	183	34	31
1963	59	99	158	28	29.3
1964	63	105	168	28	28.2
1965	52	105	157	27	26.9

Maternal Mortality.—The death of one Shropshire case registered in 1965 was attributed directly or indirectly to pregnancy, giving a rate of 0.17 per 1,000 live and still births, compared with 0.25 for England and Wales.

This case, a woman aged 34 years and unbooked by doctor or midwife, was admitted as an emergency to hospital and died there, the cause of death being:-

1. (a) Hypertensive heart failure.
   (b) Chronic pyelonephritis
2. Twin pregnancy.

The following table compares the maternal mortality rates for Shropshire with those for England and Wales over the past ten years:

Table 10: Maternal Mortality

Year	Deaths	Rate per 1,000 live and still births	
		Shropshire	England and Wales
1956	3	0.66	0.56
1957	1	0.22	0.47
1958	2	0.42	0.43
1959	—	—	0.38
1960	6	1.20	0.39
1961	4	0.76	0.33
1962	1	0.18	0.35
1963	2	0.35	0.28
1964	2	0.34	0.25
1965	1	0.17	0.25

Deaths.—Deaths of Shropshire residents registered in 1965 numbered 3,454—an increase of 36 compared with the previous year. Male and female deaths were 1,855 and 1,599 respectively.

The death rate per 1,000 population was 10.89 for the County as a whole, and the standardised rate 11.0, compared with 11.5 for England and Wales.

Table 11 below shows the standardised death rates for Shropshire for the past three years, with comparable rates for England and Wales.

Table 11: Standardised Death Rates

	1963	1964	1965
Urban Districts ..	12.21	11.98	11.49
Rural Districts	11.56	11.29	10.55
Shropshire	11.99	11.62	11.0
England and Wales ..	12.20	11.30	11.5

Full information with regard to deaths registered in 1965, showing cause, sex, age group and place of residence is given in Tables III and IV on pages 111 and 112.

Table 12: Principal Causes of Death

Cause of Death	1965 Deaths	1965 Rate per 1,000 population	1965 % of total deaths	1964 Deaths	1964 Rate per 1,000 population	1964 % of total deaths	1963 Deaths	1963 Rate per 1,000 population	1963 % of total deaths
Heart disease	1,243	3.92	35.99	1,118	3.58	32.71	1,242	4.06	35.08
Cancer (including Leukaemia)	619	1.95	17.92	621	1.99	18.17	580	1.89	16.38
Vascular lesions of nervous system	556	1.75	16.10	550	1.76	16.09	562	1.83	15.88
Pneumonia	155	0.49	4.49	154	0.49	4.51	153	0.50	4.32
Bronchitis	148	0.47	4.28	182	0.58	5.32	175	0.57	4.94
Diseases of circulatory system (other than heart disease)	122	0.38	3.53	122	0.39	3.57	140	0.46	3.95
Accidents (other than motor vehicle)	74	0.23	2.14	69	0.22	2.02	70	0.23	1.98
Congenital malformations	48	0.15	1.39	36	0.12	1.05	36	0.12	1.02
Motor vehicle accidents	46	0.14	1.33	44	0.14	1.29	48	0.16	1.36
Suicide	38	0.12	1.11	36	0.12	1.05	32	0.10	0.91
Other diseases of respiratory system (excluding Tuberculosis)	31	0.10	0.90	30	0.10	0.88	24	0.08	0.68
Diabetes	26	0.08	0.75	32	0.10	0.94	21	0.07	0.59
Ulcer of stomach and duodenum	25	0.08	0.72	21	0.07	0.61	43	0.14	1.21
Hyperplasia of prostate	18	0.06	0.52	24	0.08	0.07	14	0.05	0.40
TOTAL	3,149	9.92	91.17	3,039	9.74	88.91	3,140	10.26	88.70

Table 12 shows the principal causes of death for 1965 in order of numerical importance, with comparative figures for the two preceding years. In total, deaths were 36 more than in 1964, with higher mortality from heart disease (125 more), congenital malformations (12 more), vascular lesions of the nervous system (6 more) and accidents—other than motor vehicle—(5 more). There were, however, less deaths from bronchitis (34 less) and diabetes (6 less).

As in previous years, deaths from motor vehicle accidents and suicides showed little variation from their customary levels at 46 (2 more) and 38 (2 more) respectively.

Coronary disease and angina.—As indicated above, deaths from heart disease, which include coronary disease and angina, hypertension with heart disease and other cardiac conditions, increased by 125. The 685 deaths from coronary disease and angina were 93 more than in the previous year and the highest so far recorded in this County. These diseases have the highest mortality rate of any, and in 1965 were responsible for 12 of the 47 male deaths in the 35—45 age group (26 per cent), 40 of the 129 male deaths in the 45—55 age group (31 per cent) and 116 of the 353 deaths in the 55—65 age group (33 per cent).

The table below records mortality from this disease over the past decade.

Table 13: Deaths from Coronary Disease and Angina

Year	Males	Females	Total	Rate per 1,000 population
1956	279	140	419	1.41
1957	282	144	426	1.43
1958	343	172	515	1.73
1959	339	195	534	1.78
1960	344	190	534	1.77
1961	372	226	598	1.98
1962	353	214	567	1.85
1963	410	211	621	2.02
1964	392	200	592	1.90
1965	435	250	685	2.16

Respiratory diseases.—Little variation is shown in the numbers of deaths from respiratory diseases in relation to the previous year. Deaths from pneumonia at 155 were one more, influenza deaths at 8 were 7 less, and from bronchitis at 148 were 34 less.

Age Groups.—The table below shows the percentages of deaths according to age groups and, by comparison with 1935, shows the extent to which mortality below 55 years has decreased:

Table 14: Deaths by Age Groups

Year	Percentage of total deaths										
	Under 4 weeks	4 weeks—under 1 yr.	1 and under 5	5 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 55	55 and under 65	65 and under 75	75 and over
1965	1.82	1.16	0.69	0.61	1.25	0.87	2.32	5.94	15.37	25.85	44.12
1964	2.17	0.99	0.53	0.55	1.14	1.17	2.02	5.82	16.71	26.97	41.93
1963	1.98	0.79	0.51	0.45	1.10	1.21	2.23	6.24	15.25	25.72	44.51
1962	3.90		0.66	0.75	1.12	3.16		20.72		24.99	44.70
1961	3.27		0.55	0.80	0.92	3.02		20.79		26.18	44.47
1960	2.93		0.62	0.59	1.02	3.43		22.24		25.05	44.12
1959	2.88		0.48	0.42	0.93	3.27		21.63		24.86	45.53
1958	2.70		0.45	0.48	1.05	3.15		22.17		24.21	45.82
1957	3.73		0.66	0.41	0.79	3.54		22.36		23.55	45.06
1956	3.66		0.40	0.76	1.31	3.63		19.94		25.37	44.93
1955	3.35		0.45	0.57	1.09	3.98		21.08		25.36	44.12
1935	5.50		1.60	2.40	2.50	3.60	4.90	7.40	14.40	25.10	32.60

As in 1964, slightly increased mortality is shown for 1965 in children under 15 years, with a lesser proportion of deaths in the 25—35 age group.

Accidents again caused far too many deaths of young people. Of the 94 deaths in persons aged between 5 and 35 years, accidents were responsible for 27 deaths—19 involving motor vehicles and 8 from other causes.

In the 1—5 years age group, there were 24 deaths, of which 7 were due to congenital malformations, 4 to accidents and 3 to pneumonia.

In the 5—15 group, there were 21 deaths, of which 4 were due to pneumonia, 3 to cancer, 2 to leukaemia and 2 to accidents.

In the 15—25 group, there were 43 deaths. Road accidents caused 15 and other accidents 6, and there were 3 suicides.

In the 25—35 group, there were 30 deaths, of which heart disease caused 7, cancer 7 and accidents 4.

In the 35—45 group, there were 80 deaths. Cancer (17), heart disease (22), accidents (8) and suicide (4) largely accounted for this total.

In the 45—55 group, there were 205 deaths. Cancer of the lung (17—15 males and 2 females), other cancers (50), heart disease (68), vascular lesions of the nervous system (18), accidents (10) and suicide (6) were the main causes of death.

In the 55—65 group, there were 531 deaths. Cancer of the lung accounted for 41 deaths (34 males and 7 females), other cancers for 100, heart disease for 206, vascular lesions of the nervous system for 58, bronchitis for 24, accidents for 14 and suicide for 15 deaths.

Tuberculosis.—During the year 7 deaths were registered from Respiratory Tuberculosis—2 less than in 1964— giving a mortality rate of 0.022 per 1,000 of population.

There were in addition 2 deaths from Non-respiratory Tuberculosis—one less than in 1964—giving a death rate of 0.006.

For both forms of the disease, the death rate was 0.028, compared with 0.048 for England and Wales. For respiratory tuberculosis, the County rate was lower than the national rate by 0.020.

The table following shows the notification and death rates per 1,000 of population in this County from 1926 onwards.

Table 15: Tuberculosis—Respiratory and Non-Respiratory. Notification and Death Rates

Year	Respiratory				Non-respiratory			
	New cases	Deaths	Rate per 1,000 population		New cases	Deaths	Rate per 1,000 population	
			Cases	Deaths			Cases	Deaths
1926	208	136	0.86	0.56	117	34	0.48	0.14
1927	191	129	0.66	0.53	131	44	0.54	0.18
1928	162	126	0.87	0.52	129	41	0.53	0.17
1929	214	147	0.79	0.60	138	33	0.57	0.14
1930	194	106	0.76	0.44	119	34	0.49	0.14
1931	184	155	0.86	0.64	102	37	0.42	0.15
1932	163	126	0.67	0.52	108	34	0.44	0.14
1933	152	125	0.62	0.50	103	33	0.42	0.14
1934	180	114	0.74	0.47	93	29	0.38	0.12
1935	182	124	0.75	0.51	95	27	0.39	0.11
1936	169	95	0.70	0.39	118	23	0.49	0.09
1937	158	97	0.66	0.40	111	39	0.46	0.16
1938	164	71	0.68	0.29	114	20	0.47	1.08
1939	156	91	0.62	0.36	101	30	0.40	0.11
1940	133	76	0.52	0.29	102	27	0.40	0.12
1941	197	93	0.72	0.34	139	31	0.50	0.10
1942	185	82	0.69	0.31	140	32	0.52	0.12
1943	193	113	0.74	0.43	132	27	0.51	0.10
1944	104	91	0.40	0.35	86	17	0.33	0.07
1945	143	88	0.56	0.34	102	31	0.32	0.12
1946	106	65	0.40	0.25	64	21	0.49	0.08
1947	141	87	0.53	0.33	67	24	0.25	0.09
1948	89	81	0.33	0.30	62	14	0.23	0.05
1949	127	100	0.47	0.37	79	17	0.29	0.06
1950	151	66	0.52	0.23	77	10	0.27	0.03
1951	109	53	0.37	0.18	47	10	0.16	0.03
1952	106	37	0.39	0.13	44	9	0.15	0.03
1953	136	32	0.45	0.107	27	8	0.09	0.017
1954	144	46	0.48	0.154	27	5	0.09	0.017
1955	153	25	0.51	0.084	32	5	0.11	0.016
1956	109	14	0.36	0.047	47	3	0.16	0.010
1957	110	13	0.37	0.044	39	3	0.13	0.010
1958	105	8	0.35	0.027	34	1	0.11	0.003
1959	81	17	0.27	0.057	18	1	0.06	0.003
1960	93	8	0.31	0.026	32	1	0.11	0.003
1961	73	13	0.24	0.043	19	1	0.06	0.003
1962	48	6	0.16	0.020	14	2	0.05	0.006
1963	59	18	0.19	0.059	19	1	0.06	0.003
1964	50	9	0.16	0.029	11	3	0.04	0.009
1965	40	7	0.13	0.022	15	2	0.05	0.006

Further information concerning Tuberculosis is given in the Sections of this Report dealing with "Infectious Diseases" on page 14 and "Prevention of Illness, Care and After-Care" on page 52.

Cancer.—Deaths from cancer during 1965 numbered 619—a decrease of two compared with the previous year. The death-rate per 1,000 of population was 1.95, which was 0.04 less than the rate for 1964.

Table 16: Deaths from Cancer—Age groups

Age Groups	1963			1964			1965		
	M	F	Total	M	F	Total	M	F	Total
Under 4 weeks	—	—	—	—	—	—	—	—	—
4 weeks—1 year	—	—	—	—	—	—	—	—	—
1—5 years	—	2	2	1	—	1	1	—	1
5—15 years	1	—	1	3	—	3	2	3	5
15—25 years	4	1	5	1	1	2	2	1	3
25—35 years	6	—	6	1	7	8	3	4	7
35—45 years	7	9	16	11	15	26	7	10	17
45—55 years	33	32	65	30	25	55	36	31	67
55—65 years	93	55	148	96	77	173	86	55	141
65—75 years	101	64	165	128	75	203	127	84	211
Over 75 years	90	82	172	73	77	150	84	83	167
TOTAL ..	335	245	580	344	277	621	348	271	619

The table below lists the deaths from cancer since 1956, according to the location of the disease:

Table 17: Cancer Deaths—Sites

Year	Malignant neoplasm															Leukaemia, aleukaemia			Total		
	Stomach			Lung, br'chus			Breast			Uterus			Other								
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
1956	38	29	67	64	11	75	—	48	48	—	26	26	159	135	294	8	8	16	269	257	526
1957	45	36	81	83	4	87	—	50	50	—	24	24	118	145	263	6	5	11	252	264	516
1958	48	29	77	74	7	81	—	59	59	—	19	19	150	117	267	8	2	10	280	233	513
1959	35	33	68	73	8	81	—	51	51	—	28	28	182	130	312	8	4	12	298	254	552
1960	53	23	76	69	9	78	—	58	58	—	24	24	155	136	291	7	6	13	284	256	540
1961	53	26	79	90	12	102	—	46	46	—	18	18	152	133	285	14	13	27	309	248	557
1962	39	36	75	93	16	109	2	51	53	—	28	28	184	143	327	6	14	20	324	288	612
1963	53	32	85	97	14	111	—	44	44	—	22	22	174	127	301	11	6	17	335	245	580
1964	44	35	79	110	21	131	1	59	60	—	24	24	182	135	317	7	3	10	344	277	621
1965	53	34	87	108	23	131	1	50	51	—	19	19	176	132	308	10	13	23	348	271	619

In total, deaths from cancer in 1965 were 2 less than in the previous year. There was increased mortality from cancer of the stomach (8 more) and leukaemia (13 more), while cancer of the lung and bronchus claimed the same mortality as in the previous year. Deaths from breast cancer and uterine cancer were less by 9 and 5 respectively.

Cancer of the Lung.—Of the 131 deaths from cancer of the lung and bronchus, 108 occurred in males and 23 in females in the following age groups:

	Males	*Females*	*Total*
35—45 years ..	1	1	2
45—55 years ..	15	2	17
55—65 years ..	34	7	41
65—75 years ..	48	11	59
Over 75 years ..	10	2	12
TOTAL ..	108	23	131

In male deaths in the 45—65 age group, lung cancer accounted for 49, and in urban and rural areas of the County represented 1 in 12 and 1 in 9 respectively of the male deaths in that group.

The first table following compares the death rates from lung cancer per 1,000 of population for England and Wales with those for urban and rural areas and with the County as a whole. For 1965, the national rate of 0.553 lung cancer deaths per 1,000 population is broken down into sexes—0.957 per 1,000 males and 0.170 per 1,000 females, that for males being nearly 6 times the rate for females.

The second table following shows the ratios of male and female deaths from this disease to total deaths from all causes.

This mortality from lung cancer in Shropshire is frightening, since the significance of the relationship between cigarette smoking and lung cancer seems to continue to be ignored by the public at large, as is only too apparent at any public gathering for sport or other purposes. It follows, therefore, that mortality from lung cancer may probably continue its upward trend for many years to come, since the deaths now occurring are the consequence of many past years of excessive smoking. Were it possible to take any practical and positive steps to stop the consumption of cigarettes, many more years would pass before the effects of such preventive measures became apparent in the mortality figures.

Table 18: Lung Cancer—Mortality Rates per 1,000 Population

Year	Shropshire			England and Wales
	Urban Districts	Rural Districts	Whole County	
1956	0.327	0.181	0.252	0.407
1957	0.380	0.209	0.292	0.426
1958	0.371	0.176	0.271	0.439
1959	0.291	0.248	0.270	0.464
1960	0.335	0.183	0.258	0.481
1961	0.459	0.214	0.338	0.494
1962	0.421	0.290	0.356	0.510
1963	0.381	0.341	0.361	0.519
1964	0.465	0.371	0.420	0.535
1965	0.433	0.392	0.413	0.553

Table 19: Ratio of Lung Cancer Deaths to All Deaths in Shropshire

Year	Urban Districts		Rural Districts		Whole County	
	Males	Females	Males	Females	Males	Females
1956	1 : 23	1 : 142	1 : 34	1 : 142	1 : 27	1 : 142
1957	1 : 18	1 : 409	1 : 25	1 : 334	1 : 20	1 : 371
1958	1 : 20	1 : 148	1 : 31	1 : 709	1 : 24	1 : 228
1959	1 : 24	1 : 227	1 : 25	1 : 165	1 : 24	1 : 196
1960	1 : 21	1 : 151	1 : 32	1 : 216	1 : 25	1 : 173
1961	1 : 15	1 : 138	1 : 31	1 : 142	1 : 20	1 : 140
1962	1 : 18	1 : 87	1 : 21	1 : 143	1 : 19	1 : 105
1963	1 : 19	1 : 138	1 : 20	1 : 99	1 : 19	1 : 119
1964	1 : 15	1 : 100	1 : 18	1 : 58	1 : 17	1 : 76
1965	1 : 18	1 : 78	1 : 18	1 : 62	1 : 18	1 : 70

Leukaemia.—Deaths from Leukaemia and Aleukaemia (a disease of the blood-forming organs characterised by uncontrolled increase of the white blood cells) numbered 23 in 1965. This is 13 more than in the previous year.

General.—The following tables summarise and compare the vital statistics referred to in this section of the Report.

Table 20: Birth Rates, Death Rates and Analysis of Mortality

	Shropshire	*England & Wales*
Live births—rate per 1,000 population	(*a*) 18.23	18.0
	(*b*) 18.59	
Stillbirths—rate per 1,000 live and still births	17.8	15.7
Deaths per 1,000 population—all causes	(*a*) 10.89	11.5
	(*b*) 11.0	
—respiratory tuberculosis	0.02	0.042
—non-respiratory tuberculosis	0.006	0.006
—cancer of lung and bronchus	0.41	0.553
—other malignant neoplasms	1.56	1.674
Maternal deaths—per 1,000 live and still births	0.17	0.25
Infant deaths per 1,000 live births		
—under four weeks	10.89	13.0
—under one year	17.81	19.0
Infant deaths under one week and still births—per 1,000 live and still births	26.67	26.9

(*a*) Crude rate. (*b*) Standardised rate.

Table 21: General Statistics—Shropshire

Year	Live Births		Deaths		Natural increase in Population	Infant Mortality rate per 1,000 live births	Death rates from Cancer per 1,000 of Population
	Total	Rate per 1,000 Population	Total	Rate per 1,000 Population			
1946	5,090	19.42	3,177	12.1	1,913	43.03	1.768
1947	5,538	20.92	3,251	12.8	1,287	39.73	1.786
1948	5,156	18.92	3,219	10.77	1,937	35.49	1.729
1949	4,945	18.15	3,294	12.09	1,651	29.52	1.893
1950	4,669	16.17	3,219	11.15	1,450	24.39	1.71
1951	4,603	15.68	3,719	12.67	884	30.41	1.75
1952	4,670	15.80	3,100	10.49	1,570	24.63	1.68
1953	4,638	15.20	3,244	10.84	1,394	24.36	1.77
1954	4,488	15.07	3,430	11.51	1,058	24.51	1.79
1955	4,398	14.78	3,316	11.14	1,082	25.23	1.848
1956	4,424	14.85	3,279	11.0	1,145	27.12	1.765
1957	4,528	15.20	3,167	10.63	1,361	26.06	1.732
1958	4,686	15.67	3,334	11.15	1,352	19.21	1.716
1959	4,782	15.92	3,334	11.10	1,448	20.08	1.838
1960	4,897	16.20	3,237	10.71	1,660	19.40	1.787
1961	5,156	17.08	3,483	11.54	1,673	22.11	1.845
1962	5,323	17.39	3,485	11.38	1,838	25.55	2.00
1963	5,571	18.14	3,541	11.53	2,030	17.6	1.89
1964	5,796	18.58	3,418	10.96	2,378	18.63	1.99
1965	5,782	18.23	3,454	10.89	2,328	17.81	1.95

NOTE.—Cancer deaths from 1950 include those due to Hodgkin's disease, leukaemia and aleukaemia.

INFECTIOUS DISEASES

Notifications of infectious diseases received during 1965 are summarised in Table V on page 113 of this Report.

Tuberculosis.—Notifications received during the year of new cases of Respiratory Tuberculosis numbered 40. This figure excludes Hospital and Service cases not ordinarily resident in Shropshire and who were already notified in their home area, and represents a decrease of 10 new cases compared with the previous year.

There were 7 deaths ascribed to respiratory tuberculosis—2 less than in 1964.

New cases of Non-respiratory Tuberculosis numbered 15, again excluding those not ordinarily resident in the County, and were 4 more than in 1964. Two deaths were ascribed to this form of the disease—one less than in the previous year.

Particulars of the notified cases and deaths, classified in age groups, are given in the table following:

Table 22: New cases of, and Deaths from, Tuberculosis during 1965

Age Groups	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
Under 4 weeks ..	—	—	—	—	—	—	—	—
4 wks & under 1 yr	—	—	—	—	—	—	—	—
1 and under 5 ..	—	—	—	—	—	—	—	—
5 and under 15	1	1	1	2	—	—	—	—
15 and under 25	2	2	1	2	—	—	1	—
25 and under 35	2	2	2	3	—	—	—	—
35 and under 45	5	1	2	2	—	1	—	—
45 and under 55	7	5	—	—	—	—	—	—
55 and under 65	7	2	—	—	2	1	—	—
65 and under 75	2	—	—	—	2	1	—	—
75 and over ..	1	—	—	—	—	—	1	—
	27	13	6	9	4	3	2	—
TOTAL ..	40		15		7		2	

Seven of the total of 55 new cases arose in persons of Asiatic origin of whom one was detected as a result of the medical arrangements for long-stay immigrants (see also page 53). A further two of the 55 new cases were brought to light through the B.C.G. Vaccination scheme.

Two of the deaths attributed to Respiratory and one to Non-Respiratory Tuberculosis occurred in persons who had not been notified during life as suffering from this disease.

Poliomyelitis.—This condition (originally known as Infantile Paralysis) was first made notifiable under Regulations operative from 1st September, 1912, and since then the only years in which no such cases have been notified in Shropshire have been 1915, 1917, 1929, 1930, 1960, and the years from 1963 to 1965 inclusive.

The only fatal case recorded in Shropshire in cases thought to be fully protected against this disease by immunisation occurred in 1962 in a boy of sixteen who had had three doses of vaccine, but died inexplicably from Paralytic Poliomyelitis after a brief illness. Four other paralytic cases have occurred in patients whose immunisation was not complete, with one fatality in 1958 in a female, aged 31, who had received one dose only of vaccine six days prior to the onset of the disease.

Non-paralytic Poliomyelitis has been recorded in three immunised cases, two of whom had received two doses and one having had three doses of vaccine.

The table below shows the yearly incidence of, and deaths from, this disease during the past two decades:

Table: 23 Notifications of, and Deaths from, Poliomyelitis

	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
Notifications ..	5	32	13	10	62	13	27	26	13	19	10	29	16	7	—	3	2	—	—	—
Deaths	—	2	2	1	11	1	—	—	2	1*	—	3†	3	—	—	—	1	—	—	—

*Death occurring in but not assignable to the County.

†One of these deaths was a case not notified in this County—an airman stationed in Shropshire who was admitted to a Barrow Hospital whilst on leave and died there.

(For vaccination against Poliomyelitis, see under Immunisation Service on page 43.)

Dysentery.—The number of cases of Dysentery notified during the year was 63—an increase of 32 compared with 1964.

Measles.—Notifications in respect of Measles numbered 2,670—an increase of 278 compared with the previous year.

Whooping Cough.—Notified cases of Whooping Cough totalled 44, or 135 less than in 1964. (See also under Immunisation Service on page 41).

Food Poisoning—The number of cases of Food Poisoning notified was 7, compared with 11 in the previous year, and none is known to have proved fatal.

Diphtheria.—There was no notified case of Diphtheria in the County during 1965. (See also under Immunisation Service on page 40).

Smallpox.—There was no notified case of Smallpox in this County during the year. (See also under Immunisation Service on page 39).

Scarlet Fever.—The number of cases of Scarlet Fever notified during the year was 147—an increase of 156 compared with 1964.

VENEREAL DISEASES

The treatment of venereal diseases is a responsibility of the Hospital and Specialist Services and a clinic is operated by the Shrewsbury Group Hospital Management Committee at No. 1 Belmont, Shrewsbury. This is the only one in Shropshire and serves in addition the bordering Welsh counties. Patients residing in East Shropshire near the county boundary tend to make use of the clinics at Wolverhampton and Stafford.

Sessions are held at the Shrewsbury Clinic as under:

Females ..	Mondays ..	3.30 to 5.30 p.m.
	Thursdays ..	5.00 to 7.00 p.m.
Males ..	Tuesdays } ..	6.00 to 8.00 p.m.
	Fridays }	

The following information in respect of Shropshire patients attending the Shrewsbury Clinic during 1965 has been made available through the kindness of the Venereologists, Dr. J. P. G. Rogerson (Male clinic) and Dr. E. M. McCarter, J.P. (Female clinic).

Table 24: Shropshire patients treated in 1965

	Males	Females	Total
NEW CASES:			
Syphilis—primary	1	—	1
,, —secondary	1	1	2
,, —late	—	3	3
Gonorrhoea	28	12	40
Other conditions:			
Non-gonococcal urethritis	11	—	11
Conditions requiring treatment	26	45	71
Conditions not requiring treatment	53	32	85
TOTAL	120	93	213
ATTENDANCES—ALL SHROPSHIRE CASES :			
Syphilis	32	173	205
Gonorrhoea	106	148	254
Other conditions	337	189	526
TOTAL	475	510	985

Table 25 below shows the increase over recent years in the numbers of Shropshire cases treated at the Shrewsbury Clinic for Gonorrhoea. In the larger cities such increases have included alarming numbers of teenage cases. In Shropshire the numbers dealt with have been very small in proportion and rates based on small numbers can be misleading. The fact remains that of patients treated at the Shrewsbury Clinic in the past three years, only 2 out of 67 males, but 10 out of 37 females, were under eighteen years of age. These are the statistically recorded cases, and there are probably many more whose treatment is not officially known. To the figures for 1965 must be added a further 11 Shropshire cases treated at clinics outside the County.

Table 25: New cases of Gonorrhoea

Year	Males	Females	Total
1960	4	2	6
1961	7	3	10
1962	15	10	25
1963	23	16	39
1964	16	9	25
1965	28	12	40

As will be seen from the figures following relating to new cases treated at Shrewsbury in 1965 for Gonorrhoea, 50 per cent of the females were under 20 years of age.

Table 26: Age range of Gonorrhoea cases

Age Group	Males	Females	Total
Under 16 years	—	1	1
16 and 17 years	—	2	2
18 and 19 years	2	3	5
20 to 24 years	10	3	13
25 years and over	16	3	19
TOTAL	28	12	40

Shropshire residents also attended as new cases at the following out-county clinics:

Table 27: Shropshire cases treated at out-county clinics

Clinic	Syphilis	Gonorrhoea	Other conditions	Total
Stafford	—	—	1	1
Wolverhampton	1	10	32	43
Stoke-on-Trent	—	1	1	2

CARE OF MOTHERS AND YOUNG CHILDREN

Notifications of Births.—Particulars are given in the following table of births which were notified as occurring in Shropshire during 1965, with corresponding figures for the preceding four years:

Table 28: Notification of Births

Year	Live Births	Stillbirths	Total
1961	5,385	97	5,482
1962	5,462	103	5,565
1963	5,784	98	5,882
1964	6,021	105	6,126
1965	5,942	106	6,048

The births in 1965 indicated above, which include all those taking place within the County whether or not the mother is normally resident in Shropshire, were distributed as follows:

	Live Births	*Stillbirths*
Domiciliary	1,789	11
In Hospitals and Institutions	4,112	95
In Private Nursing Homes	41	—
TOTAL	5,942	106

Allowing for "transfers out" (infants born in Shropshire but normally resident elsewhere) and "transfers in" (Shropshire infants born outside the County), the adjusted figures are as follows:

	Live Births	*Stillbirths*
Actual	5,942	106
Transfers—Out	459	7
In	343	9
Adjusted	5,826	108

Premature Births, Stillbirths and Abortions.—For statistical and other purposes, infants whose birth weight does not exceed 5½lb. are regarded as premature, irrespective of the period of gestation. The following table indicates the survival rate of premature infants born in 1965, whose mothers were normally resident in this County, together with corresponding figures for the preceding four years:

Table 29: Premature Infants

Year	BORN				DIED			SURVIVED	
	At Home	In Hospital	In Nursing Home	Total	Within 24 hours	Between 2nd and 28th day	Total	Alive after 28 days	Survival rate %
1961	85	251	*18	354	30	10	40	314	88.7
1962	88	285	*18	391	38	12	50	341	87.2
1963	88	*285	2	375	20	17	37	338	90.1
1964	74	*349	2	425	31	16	47	378	88.9
1965	56	*291	1	348	16	10	26	322	92.5

*Includes births at R.A.F. Hospital, Cosford.

Particulars relating to the birth weights in the case of premature live births and premature stillbirths which took place in this County during 1965 are summarised in Table 30 overleaf.

Table 30: Premature Live Births and Stillbirths, 1965

Weight at Birth	Premature Live Births															Premature Stillbirths		
				Born at Home						Born in Nursing Home								
	*Born in Hospital			Nursed entirely at Home			Transferred to Hospital on or before 28th day			Nursed entirely in Nursing Home			Transferred to Hospital on or before 28th day			*Born in Hospital	Born at Home	Born in Nursing Home
	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days			
2 lb. 3 ozs or less	7	6	—	—	—	—	2	2	—	—	—	—	—	—	—	4	—	—
Over 2 lb. 3 ozs. up to and including 3 lb. 4 ozs. ..	18	3	14	—	—	—	3	—	2	—	—	—	—	—	—	24	4	—
Over 3 lb. 4 ozs. up to and including 4 lb. 6 ozs. ..	58	1	54	3	—	3	5	—	5	—	—	—	—	—	—	15	—	—
Over 4 lb. 6 ozs. up to and including 4 lb. 15 ozs. ..	64	1	61	2	—	2	6	—	5	1	—	1	—	—	—	3	1	—
Over 4 lb. 15 ozs. up to and including 5 lb. 8 ozs.	144	2	141	32	1	31	3	—	3	—	—	—	—	—	—	11	1	—
Total ..	291	13	270	37	1	36	19	2	15	1	—	1	—	—	—	57	6	—

Of 348 children who were born prematurely in 1965, a total of 322 (or 92.5 per cent) survived after 28 days, irrespective of the place of birth (home, nursing home or hospital), or degree of prematurity as evidenced by birth weight.

*Includes R.A.F. Hospital, Cosford.

Incidence of Congenital Malformations

At the request of the Chief Medical Officer of the Ministry of Health, arrangements have been made for the notification to the Health Department of congenital malformations detected at the birth of any child in the County.

Under the Public Health Act, 1936, Section 203, a doctor or midwife in attendance at the birth of a child, or within a specified time thereafter, is required to notify the birth to the Medical Officer of the Local Health Authority, by whom suitable notification cards are supplied.

In order to provide the requisite information concerning congenital malformations in this County, it was necessary to add only three items to the standard notification of birth card, namely, the parity and age of the mother and the nature of the malformation reported.

The information thus obtained is reported on prescribed forms, without identifying the child to whom it relates, to the Registrar General and a total of 104 children suffering from 145 malformations have been so notified during 1965.

Where the nature of any particular abnormality is not clearly defined in the initial notification, further inquiries are made of the General Practitioner or Paediatrician concerned in order to establish the precise nature of the defect.

No difficulty has been experienced in the operation of these arrangements during the year and the following table contains particulars of the congenital malformations about which information is sought and of the 145 conditions recorded:

Table No. 31: Congenital Abnormalities Notified in 1965

	Live Births	*Still Births*
CENTRAL NERVOUS SYSTEM:		
Defects of brain NOS	—	—
Anencephalus	3	9
Encephalocele	—	—
Arnold Chiari Malformation	—	—
Hydrocephalus	7	10
Microcephalus	—	—
Other defects of brain	—	—
Defects of spinal cord NOS	—	—
Spina bifida	19	10
Other defects of spinal cord	1	—
EYE, EAR:		
Defects of eye NOS	—	—
Anophthalmos, microphthalmos	—	—
Buphthalmos	—	—
Cataract	—	—
Corneal opacity	—	—
Other defects of eye	—	—
Defects of ear NOS	3	—
Defects of ear causing impairment of hearing	—	—
Accessory auricle	1	—
Other defects of ear	1	—
ALIMENTARY SYSTEM:		
Defects of alimentary system NOS	—	—
Cleft lip	3	—
Cleft palate	4	—
Hiatus hernia	—	—
Tracheo-oesophageal fistula, oesophageal atresia and stenosis	1	—
Intestinal atresia	—	—
Hirschsprung's disease	—	—
Rectal and anal atresia	1	—
Defects of liver and biliary tracts	—	1
Other defects of alimentary system	—	—
HEART AND GREAT VESSELS:		
Congenital heart disease NOS	7	—
Common truncus	—	—
Tetralogy of Fallot	—	—
Transposition of great vessels	—	—
Defects of aortic arch	—	—
Interatrial septal defect, persistent foramen ovale	1	—
Interventricular septal defect	1	—
Persistent ductus arteriosus	—	—
Endocardial fibroelastosis	—	—
Other defects of heart and great vessels	—	—
RESPIRATORY SYSTEM:		
Defects of respiratory system NOS	—	—
Defects of nose (arhinia, choanal atresia or stenosis)	—	—
Defects of larynx	—	—
Defects of trachea	—	—
Defects of bronchus	—	—
Defects of lung	2	—
Defects of pleura	—	—
Defects of diaphragm	1	—
Defects of mediastinum	—	—
Other defects of respiratory system	—	—

	Live Births	*Still Births*
URO-GENITAL SYSTEM:		
Defects of uro-genital system NOS	—	—
Renal agenesis	1	—
Polycystic kidney, all forms	—	—
Obstructive defects of urinary tract (hydronephrosis, hydro-ureter)	—	—
Other defects of kidney and ureter	—	—
Other defects of bladder and urethra	—	—
Hypospadias, epispadias	3	—
Other defects of male genitalia	—	—
Defects of female genitalia (includes female pseudo-hermaphroditism)	1	—
Indeterminate sex (includes true hermaphroditism)	—	—
LIMBS:		
Defects of upper limb NOS	1	—
Defects of lower limb NOS	1	—
Reduction deformities (amelia, hemimelia, phocomelia, etc.)	1	—
Polydactyly	3	—
Syndactyly	4	—
Dislocation of hip	—	—
Talipes	16	5
Other defects of shoulder girdle, upper arm, and forearm	—	—
Other defects of hand	—	—
Other defects of pelvic girdle and lower limb	—	—
OTHER SKELETAL:		
Defects of skeleton NOS	1	—
Defects of skull and face	—	1
Spinal curvature, scoliosis, lordosis	—	—
Other defects of spine	—	—
Defects of ribs and sternum	—	—
Chondrodystrophy	—	—
Osteogenesis imperfecta	1	—
Other generalised defects of skeleton (including arachnodactyly)	—	—
OTHER SYSTEMS:		
Branchial cleft, cyst or fistula; pre-auricular sinus	—	—
Other defects of face and neck	—	—
Defects of muscles	—	—
Vascular defects of skin, subcutaneous tissues, and mucous membranes (including lymphatic defects)	1	—
Other defects of skin (including ichthyosis congenita)	2	—
Defects of hair, nails and teeth	—	—
Defects of peripheral vascular system (including arteriovenous aneurysm, etc.)	—	—
Defects of spleen	—	—
Defects of endocrine glands	1	—
Exomphalos, omphalocele	—	1
OTHER MALFORMATIONS:		
Congenital malformations NOS	1	—
Multiple malformations NOS	—	4
Cyclops	—	—
Other monster	—	1
Conjoined twins	—	—
Situs inversus	—	—
Mongolism	6	1
Other chromosomal syndromes	—	—
Other specific syndromes	—	—
Other	2	—

N.O.S. = Not otherwise specified.

Phenylketonuria.—This term denotes a rare condition (the suggested distribution being one case in 10,000 births) wherein an inborn error of metabolism results in failure to convert Phenylalanine in protein to Tyrosine, with consequent excretion of Phenylpyruvic acid in the urine.

Research in the United States and this country has led eminent medical authorities to the view that if these cases are detected early enough (preferably under the age of four months) treatment with phenylalanine-restricted diet will almost certainly lead to a child of normal mentality instead of the severe mental affliction which would otherwise attend this condition.

Towards the end of 1959 a reagent strip became available whereby, at nominal cost, all young babies could be tested for this condition and routine testing has, since 1960, been undertaken in all babies between the ages of six and ten weeks. Following the Report of the 1963 Conference on Phenylketonuria, however, tests in Shropshire have, since November, 1963, been undertaken during the sixth week of babies' life.

With a birth-rate such as that of Shropshire, one would not expect to find more than one or two cases in five years, but routine testing is considered worthwhile to ensure detection of even one case in such a period. There have, in fact, been no positive findings since testing was started. An important factor which emerged early in 1963, however, was the diagnosis of Phenylketonuria in a child who had been found negative by the reagent strip test at 8 weeks on 5th December, 1962, but was subsequently reported to have been discharged from hospital and proceeding satisfactorily.

The following are particulars of the routine tests, all of which were found to be negative, performed by County Council Health Visitors on children born in 1965:

Table 32: Testing of Shropshire Children born in 1965

	Born in County	Born out of County	Total
Not tested	30	2	32
Died before test	58	9	67
Left County before test ..	85	11	96
Tested	5,310	321	5,631
TOTAL ..	5,483	343	5,826

Of the 32 children not tested, 24 had removed to addresses unknown, and in 8 cases parental consent for the test was refused.

A further 67 tests, all negative, were performed on children who had moved into the County, and a further 19 negative results on children before transfer out.

In two cases, it was thought necessary to have a laboratory report on a specimen of the child's urine, but these additional investigations revealed no abnormality.

Neo-Natal Cold Injury.—In recent years much concern has been aroused in the medical field by the problem of neo-natal deaths due to cold. Any baby may become severely chilled by being exposed to a low environmental temperature, but the babies most affected by chilling are the weakly babies, premature babies, those with a history of difficult birth or those who have a congenital heart or are suffering from an infection. If the body temperature of such an infant falls too far this may be a very serious matter and death may result.

Coldness of the external or room temperature is not the only factor, but this should signal warning of the danger of exposing a new-born infant, even a full-term apparently healthy baby, to the cold for even a short period. Other factors are unnecessary routine bathing of infants; inadequate or too tight clothing; insufficient cot coverings; restriction of muscular movement and of peripheral circulation by tight wrappings; failure to realise that although the infant may be put to bed in a warmed room it cannot withstand the drop in temperature in the early morning. Warmth must be constant.

By alertness to the dangers of hyopthermia, chilling of the infant can be avoided at all times, but this condition is not always suspected and the infant may be ill for several days before diagnosis is made. This condition should be suspected in a new-born infant who refuses to feed and is lethargic, even immobile, where oedema is present or where the skin has lost its softness and feels hard, rigid or thickened. A striking and misleading feature often is the pinkness of the infant's face, giving an impression of health. The most significant sign is coldness to touch.

The months from November to March are the period when babies are most at risk and for all domiciliary confinements likely to occur during this time the Council's nurses and midwives report any cases in which room heating is likely to be inadequate or need supplementing. For this purpose, a stock of electric oil-convector and paraffin heaters is maintained in the Health Department for immediate loan to necessitous cases, and all nurses and midwives are supplied with maximum-minimum thermometers so that room temperatures may be kept under review.

During 1965, heaters were loaned from the Health Department for eleven domiciliary confinements and two further heaters are located in busy nursing districts for issue by the nurses concerned.

Birth Control Clinics.—Following the opening by the Family Planning Association of a Clinic at Murivance Welfare Centre, Shrewsbury, on 4th July, 1960, the County Council's Birth Control Clinic previously held there for patients requiring advice on medical grounds was closed. In return for rent free accommodation, the Association see and advise such medical cases and remit charges in necessitous cases.

The Council's Birth Control Clinic held since 1956 at Wellington Welfare Centre was discontinued after the session in September, 1962, and in November, 1963, permission was given for the Family Planning Association to operate a clinic at this Centre on the same basis as that referred to above.

In future, and by wish of the Ministry of Health, the County Council will reimburse the Family Planning Association for services rendered to medical cases, as well as affording rent-free accommodation.

The following statistical information has been supplied for 1965 by the Shrewsbury Branch of the Family Planning Association:

Table No. 33: Statistics for 1965

Number of patients who used the clinic	2,581
New patients	328
Check visits	545
Visits for supplies only	1,253
Post orders	455
Number of clinic sessions	106
Total number of patients using oral contraceptives	119
Cases referred by Local Authority	29

Welfare Centres.—A complete list of Welfare Centres, together with a timetable of activities, is given in Table IX commencing on page 117 of this Report.

Particulars are given in Table 34 following of the attendances at these Centres and voluntary clinics of pre-school children and expectant mothers during 1965.

It will be noted that 3,838 infants born in 1965—equal to 66 per cent of the Shropshire children born in that year—attended the Council's child welfare clinics, and those sponsored by the R.A.F. A total of 1,666 sessions was held, with 78,089 attendances—an average of 47 per session.

New Welfare Centre provision, actual and contemplated, includes a clinic currently under construction at Harlescott, Shrewsbury, to serve the large housing development in this area, and a new clinic as part of Community Centre provision in the Sutton Hill area of Dawley New Town. Replacement clinics are scheduled for erection at Hadley, Donnington and Oswestry over the next five years.

Table 34: Attendances at Child Welfare Centres during 1965

Centre	Children									Expectant Mothers	
	Cases					Attendances					
	Born in				Referred elsewhere	Born in				Total Cases (Post-natal brackets)	Total Attendances
	1965	1964	1960—1963	Total		1965	1964	1960—1963	Total		
Albrighton	131	132	185	448	—	1,143	1,046	771	2,960	x	x
Baschurch	17	21	23	61	—	67	125	99	291	x	x
Bayston Hill	87	86	27	200	—	612	745	145	1,502	x	x
Bishop's Castle ..	30	19	27	76	—	130	131	86	347	x	x
Bridgnorth:											
Grove	13	28	19	60	—	69	143	46	258	x	x
Northgate	236	250	234	720	—	2,069	2,152	917	5,138	††51	222
Broseley	53	86	48	187	—	291	379	136	806	x	x
Church Stretton ..	38	68	41	147	—	212	312	140	664	—	—
*Clee Hill	16	2	4	22	—	31	6	10	47	x	x
Cleobury Mortimer ..	43	45	65	153	5	247	282	362	891	x	x
**Condover	22	16	9	47	—	26	26	13	65	x	x
Dawley	164	177	368	709	14	1,413	1,449	1,729	4,591	—	—
Donnington:											
Turreff Hall ..	157	130	69	356	—	1,291	1,160	248	2,699	—	—
Depot	26	30	20	76	—	144	222	83	449	x	x
Ellesmere	63	49	74	186	—	551	554	485	1,590	—	—
Hadley	86	80	52	218	—	569	668	358	1,595	x	x
Highley	43	60	84	187	3	356	367	261	984	8(1)	8(1)
Ironbridge	49	57	43	149	1	383	608	194	1,185	—	—
Ludlow:											
Dinham	75	48	31	154	1	435	337	110	882	†13	42
East Hamlet ..	44	41	20	105	—	441	380	99	920	x	x
Madeley	118	123	90	331	—	1,274	1,225	362	2,861	—	—
Market Drayton ..	127	143	179	449	—	1,116	1,397	975	3,488	—	—
Much Wenlock ..	54	29	28	108	—	274	264	111	649	—	—
Newport	167	196	186	543	—	1,806	1,849	862	4,517	††38	220
Oakengates	186	159	71	416	—	1,571	1,638	335	3,544	—	—
Oswestry	205	231	200	636	14	1,458	2,320	1,070	4,848	—	—
Pontesbury	39	48	36	123	—	244	323	144	711	—	—
Prees	30	19	28	77	—	166	177	147	490	x	x
St. Martins	59	79	61	199	—	307	307	160	774	x	x
Shawbury	52	82	167	301	—	499	752	567	1,818	x	x
Shifnal	69	97	96	262	—	656	1,041	446	2,143	x	x
Shrewsbury:											
Harlescott	158	222	206	586	—	1,398	1,524	1,029	3,951	x	x
Meole Brace ..	62	71	51	184	—	311	492	326	1,129	x	x
Monkmoor ..	174	187	130	491	6	837	934	485	2,256	x	x
Murivance ..	185	144	96	425	1	1,412	1,105	284	2,801	147(1)	269(1)
Springfield	61	60	67	188	—	343	400	245	988	x	x
White House ..	183	147	192	522	—	1,440	1,295	741	3,476	134(3)	225(5)
Wellington	219	214	161	614	—	1,505	1,378	487	3,370	—	—
Wem	82	94	96	272	—	641	650	557	1,848	—	—
Whitchurch	71	88	70	229	—	565	611	382	1,558	†56	395
Whittington	41	8	7	56	3	118	141	117	376	x	x
Total ..	3,732	3,860	3,661	11,253	48	28,421	30,915	16,124	75,460	447(5)	1,381(7)

†District Nurse's Session. ††Including District Nurse's Session xNo Ante-Natal Clinic
*Opened 6th October, 1965 **Opened 12th October, 1965

R.A.F. Child Welfare Centres

Buntingsdale	67	108	116	291	—	630	716	310	1,656	x	x
Cosford	39	51	80	170	—	280	330	363	973	x	x
Total ..	106	159	196	461	—	910	1,046	673	2,629	x	x

xNo Ante-Natal Clinic

Child Guidance: Pre-School Children

After almost two years without a Psychiatrist, the Council's Child Guidance Service was fortunate to obtain in October 1965, the services of Dr. D. R. Benady, Consultant Psychiatrist, who was appointed by the Birmingham Regional Hospital Board and seconded to Shropshire for seven sessions per week to lead the Child Guidance team.

Recommendations made jointly by the Ministries of Education and Health stress the desirability of close co-operation between Local Education and Health Authorities in regard to advice on child guidance for children below school age.

The view is widely held that the causes of much emotional disturbance and maladjustment date back to the early years in a child's life. The recognition and treatment of early behaviour difficulties are facilitated by the staffs of maternity and child welfare centres seeking the advice of the Child Guidance Service in cases of possible emotional difficulty, enabling them, in appropriate cases, to deal themselves with more of the behaviour difficulties and other problems they encounter.

Medical Officers, after conferring with family doctor and if he so wishes, send a report to the Central Department upon any case of emotional and behaviour difficulty in a pre-school child which they encounter in the course of their work at child welfare centres, so that advice may be obtained in suitable cases from the Child Guidance Service.

Thirteen cases were referred during 1965, either through this Department or directly by the family doctor concerned.

Care of Illegitimate Children and Unmarried Mothers

The County Council have, since 1945, utilised the services of Moral Welfare Workers employed by the Lichfield and Hereford Diocesan Associations, of which the former is registered as an Adoption Society, to deal with the various problems associated with the care of unmarried mothers and illegitimate children, for whom the Local Health Authority have certain responsibilities. The County Council have representatives on the Councils of each of these bodies.

For these services, the Council pay annual grants to the Associations. In 1965, these amounted to £900 to Lichfield and £550 to Hereford.

Confinements, actual and impending, of unmarried mothers are notified to the Health Department by Health Visitors, Midwives and Nurses, Hospitals and Institutions. The appropriate Moral Welfare Worker is then informed and pays an initial visit as soon as practicable, continuing to visit each case as necessary.

Particulars are given in the following tables of the work undertaken during 1965 in the general supervision of unmarried mothers and illegitimate children, and it will be seen that 197 children came under supervision during the year, representing 51 per cent of the illegitimate births assigned to the County.

In all, 188 cases were referred to the Moral Welfare Workers for investigation and/or supervision, the great majority as expectant mothers and the remainder after birth had taken place and the fact of illegitimacy established. The age range of these cases is indicated below and it will be seen that slightly under 50 per cent of these cases were under 20 years of age.

Table 35: Age range of Unmarried Mothers

Under 16 years	3
16 to 17 years	39
18 to 19 years	43
20 to 24 years	59
25 years and over	44
	188

Table 36: Supervisory Work undertaken by Moral Welfare Workers

Association	Moral Welfare Workers	Case Visits	Unmarried Expectant Mothers coming under supervision
Lichfield	1*	364	114
Hereford	2†	178	45
TOTAL	3	542	159

*Has the assistance of a part-time worker who carries out routine visits only.
†One of these officers also undertakes duties in the Hereford Archdeaconry, estimated to be equivalent to half her time.

Table: 37 Children Supervised

	Lichfield	Hereford	Total
On Register on 1st January	123	57	180
Added during year	133	64	197
Removed during year	147	70	217
On Register on 31st December	109	51	160

Removals from the Register are accounted for as follows:

Supervision no longer necessary	49
Attained school age	12
Mother married—child with mother	39
Left County with mother	22
To adopters—in Shropshire	10
elsewhere	54
In care of Children's Officer	4
Lost sight of	20
Died	4
To C. of E. Nursery	2
To Dr. Barnardo's	1
	217

Accommodation for Unmarried Expectant Mothers.—In order to meet the accommodation requirements of unmarried mothers, both prior and subsequent to confinement, the Council have arrangements with the Shrewsbury Refuge and Shelter, Chaddeslode, and with Myford House, Horsehay, for the admission of cases from this County.

Myford House and Chaddeslode receive annual grants from the Council and during the past few years these have been varied to help meet additional expense incurred by the Homes in maintenance and improvements. During 1965 these grants amounted to £350 and £600 respectively.

Chaddeslode and Myford House provide a total of 35 beds (24 at Chaddeslode and 11 at Myford House) and this accommodation is also open to cases from neighbouring counties.

The Council have two representatives on the Chaddeslode Executive Committee, of which the Deputy County Medical Officer is also a member. The County Medical Officer is a member of the Myford House Committee and of the Standing Committee of the Hereford Diocesan Association.

The following are the numbers of Shropshire cases admitted to Mother and Baby Homes during 1965:

Chaddeslode, Shrewsbury	28
Myford House, Horsehay	4
Mrs. Hay Memorial Home, Wolverhampton ..	5
Mrs. Legge Memorial Home, Wolverhampton	1
Barsham House, Malvern	1
	39

REPORT OF THE PRINCIPAL DENTAL OFFICER

(Relating to dental work for Expectant and Nursing Mothers and Children under 5 years)

In May, 1965, the Dental Section of this Authority received a visit from a Dental Officer of the Ministry of Education and Science. This was the first, I hope, of many such visits; a closer liaison between Central Government and Local Authorities can, I feel, be of great benefit. Perhaps the Dental Service has lagged behind in this respect, for contact with the Ministry has in the past been rather infrequent. In the Dental Officer's subsequent report to this Authority some months later, the importance of Dental Health Education was stressed and also the need to increase the amount of treatment of under school age children, with perhaps less emphasis on treatment of expectant and nursing mothers. Some comment was also made concerning clinic design and standards of equipment installed in them. The four relevant paragraphs from the report are as follows:-

> "Ministers attach great importance to dental health education and are pleased to see the work that has been done in this field by the Authority. To be successful, dental health education must be sustained and it is hoped that all appropriate members of the Authority's staff in direct contact with the public, including teachers, will help in this work.
>
> The Ministers understand that expectant and nursing mothers who desire it can obtain regular treatment from the General Dental Service practitioner. They are pleased to note an increase in the amount of conservation treatment given to children under five years of age and, as they attach great importance to such treatment, particularly to young children, they hope that it will be possible to improve this aspect of the service. Medical Officers and health visitors might be reminded from time to time of the need to refer these patients and the Authority might like to consider the incorporation of an invitation to these children to attend the dental clinic on the acceptance and appointment forms used for schoolchildren. As the staffing position improves, the Authority might also consider sending a greetings card to children on their third birthday, making an appointment for dental examination.
>
> Most of the clinics are fairly well designed and looked after. There are sufficient for the staff available but both geographical distribution and provision for future expansion of the staff should be examined by the Authority. Facilities for supervising dental auxiliaries could be provided either by extending existing clinics or by using a mobile clinic in conjunction with static ones. Regular redecoration to standards appropriate to clinical work should be carried out. The geyser hot water system used in some surgeries has not permitted water temperature to be controlled and should not be installed in future clinics. In future clinics, provision should be made for parents to join the child after a general anaesthetic in an exit lobby without the parents having to pass through surgery or recovery room.*
>
> Equipment is generally well chosen and of a good standard and the Authority's realistic replacement policy is commended."
>
> *This comment applies primarily to the older, adapted clinics and not to those erected since the war.

On the question of dental health, the Department organised two exhibitions in 1965. At Oswestry Agricultural Show we organised our own display (and won a second prize). Mr. Field, Dental Officer at Market Drayton, was largely responsible for the organisation of this exhibition so a considerable amount of credit is due to him. Hard work from other members of the staff also helped to make this a very successful venture. The second exhibition was at Burwarton Show, where we made use of the General Dental Council's mobile exhibit—an excellent little display.

In addition, continuous dental education is given at the chairside, and in talks to various organisations and schools. I agree with the Ministry that this must be a sustained effort and directed mainly at the younger children.

Conservation work for the under school age child increased during the year, and the number of teeth extracted decreased; obviously a very desirable state of affairs. The employment of a Dental Auxiliary has been of great help in achieving this.

Table 38: Dental Treatment—Numbers of Cases

	Examined		Commenced treatment		Courses of treatment completed during year*	
	1964	1965	1964	1965	1964	1965
Expectant and Nursing Mothers ..	386	321	345	291	235	183
Children aged under 5 and not eligible for school dental service	849	712	599	518	503	259

*Includes cases carried forward from the previous year.

Table 39: Forms of Dental Treatment provided

	Expectant and Nursing Mothers		*Children under 5 years*	
	1964	1965	1964	1965
Scalings and gum treatment	215	172	1	—
Fillings	747	680	512	681
Silver nitrate treatment	—	—	108	20
Crowns and inlays	3	2	—	—
Extractions	917	724	940	876
General anaesthetics	150	120	357	369
Dentures provided—full upper or lower	98	65	1	—
partial upper or lower	94	72	1	—
Radiographs	48	38	2	3

Table 40: Premises and Sessions

	1964	1965
Number of dental treatment centres in use at end of year	12	12
Number of dental officers sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients during the year	178	202

C. D. CLARKE,
Principal Dental Officer.

National Welfare Foods

The County Council are responsible for the distribution of National Welfare Foods (dried milk, orange juice, cod liver oil and vitamin A & D tablets).

There were on 31st December, 1965, ninety one distribution centres functioning in the County, of which nine were staffed by paid part-time workers. The remainder were all staffed by voluntary workers, to whom thanks are due both for their voluntary work and in many cases also for the free use of their premises. The help received at several centres from members of the Women's Voluntary Services is also gratefully acknowledged.

Particulars of the foods issued during 1965, with comparable figures for the previous year, are given in the table following:

Table 41: Welfare Foods Issues

Items	Average weekly issues		Total issues	
	1964	1965	1964	1965
National Dried Milk—tins	977	850	50,808	44,206
Orange Juice—bottles	1,077	1,168	56,000	60,721
Cod Liver Oil—bottles	89	85	4,616	4,403
Vitamin A & D Tablets—packets ..	90	78	4,677	4,056
TOTAL ..	2,233	2,181	116,101	113,386

NURSING STAFF AND SERVICES

Nursing Staff employed by the County Council.—The following are particulars of the Nursing Staff establishment and of the numbers employed by the County Council on 31st December, 1965, with corresponding figures for the two preceding years.:

Table 42: Staffing and Establishment

Whole-time Nursing Staff	Establishment	On 31st December		
		1963	1964	1965
Superintendent Nursing Officer	1	1	1	1
Deputy Superintendent Nursing Officer	1	1	1	1
Assistant Nursing Officers	2	2	2	2
Tuberculosis Health Visitor	41	1	1	1
Health Visitors		35	34	35
School Nurses		4	4	5
Nurse-Midwives	74	64	72	69
Midwives	7	7	7	6
Home Nurses	8	7*	8*	8
Relief Nurses	6	4	4	3

*Includes one nurse undertaking both nursing and school nursing duties.

Part-time staff employed on 31st December, 1965, are listed below with their whole-time equivalents:

	Staff	*Whole-time equivalent*
Relief nurse-midwives	7	4.47
Home Nurses	14	7.37
Health Visitors, school and clinic nurses	20	6.77

Part-time health visiting duties are also carried out by District Nurse-Midwives who are either qualified Health Visitors or working under provisions continuing dispensation previously granted by the Minister of Health. Their whole-time equivalent for establishment purposes is regarded as 11, giving a total Health Visitor establishment of 52. The figures on page 33 show this establishment to have been completed, but the Council's Ten Year Development Plan envisages the need for more Health Visitors annually to meet the needs of the growing population and bring the total establishment up to 69 which is consistent with the case-load requirements recommended by the Working Party for the Training of Health Visitors.

District Training.—The Council's scheme for assisting nurses to take a course of district training under the Queen's Institute of District Nursing, adopted in 1950, is open both to State Registered nurses who are also State Certified Midwives and also to those who have only the former qualification.

Training is given at an approved Queen's Training Home, normally for a period of four months, but if the trainee has been employed previously in district work for eighteen months or more, or holds the State Certified Midwife's Certificate, the period is reduced to three months.

On the satisfactory completion of training, the trainee is required to serve the Council for a period of one year, and then becomes eligible for a permanent appointment.

Only one candidate was recruited for training prior to 1954 but since then 22 candidates (including one recruited for a combined course of Health Visitor and District Training) have been accepted. With one exception all passed their examination and the candidate who failed was successful on the second attempt.

From time to time throughout the year requests have been received from the Queen's Training Homes at Liverpool, Manchester and Salford to provide rural experience for their students.

This consists of a three day stay with one of our Queen's nurses in a rural district and payment for board and lodging is made direct to the nurse by the student.

Transport.—All Nurses and Midwives, including full-time and part-time relief staff, use motor transport for duty purposes, and the position on 31st December, 1965, was as follows:

Table 43: Transport for Nursing Services

Nursing Staff	Number	Cars	
		County Council	Privately Owned
Nurse-Midwives	81	45	36
Midwives	6	3	3
Home Nurses	20	7	13

Housing of Nursing Staff.—The provision of satisfactory accommodation for nurses and midwives is a practical necessity in order to recruit and retain suitable staff. About one-third of the Council's nursing staff occupy privately owned or rented accommodation which will not be available to their successors.

To provide replacement accommodation, standard-type houses and bungalows, approved by the Ministry of Health, are erected as occasion requires, although this procedure has now been relegated to third priority following (i) Renting from Local Council and (ii) Purchase of ready built property in the open market. A new bungalow at Craven Arms built in conjunction with the Ambulance Depot was occupied for the first time on the 4th January, 1966.

Particulars of the accommodation occupied by nurses and midwives, including Supervisory Nursing Officers and Health Visitors, in the Council's employment on 31st December, 1965, are as follows:

Houses, bungalows and flats	owned by the Council	24
	rented by the Council	24
	owned or rented by nursing staff or their relatives	36
Rooms	rented by nursing staff	1
		85

Agency Arrangements.—Under an arrangement with the Radnorshire County Nursing Association, the home nursing and midwifery services in the parishes of Llanfairwaterdine, Bettws-y-Crywn and Stowe, which have a population of 645 (Census 1961) and an area of approximately 30 square miles, are provided by Radnorshire nurses, for whose services an annual grant of £330 is paid by the Council.

MIDWIFERY SERVICE

Except for the agency arrangements referred to above, the County Council, as Local Health Authority, provide a domiciliary midwifery service by the direct employment of midwives.

The Council are also the Local Supervising Authority for all midwives practising in the County for the purposes of the Midwives Act and supervision is carried out by the Superintendent Nursing Officer and three Assistants.

Notice of Intention to Practise.—The following are particulars of State Certified Midwives who were in practice in this County on 31st December, 1965:

Table 44: Practising Midwives

	Midwives	Qualified to administer Gas/Air analgesia
Local Health Authority—		
Domiciliary Service	84	84
Ambulance Service	1	1
Agency arrangement	3	3
Hospitals—National Health Service	76	76
Nursing Homes	1	1
Private domiciliary practice	—	—
TOTAL	165	165

Notifications.—The following particulars relate to notifications which midwives (domiciliary and institutional) are required by the Rules of the Central Midwives Board to send to the County County, as Local Supervising Authority, and which were received during 1965, with comparable figures for the two preceding years:

Table 45: Notifications issued by Midwives

Year	Medical aid	Stillbirths	Death of mother or child	Liability to be a source of infection
1963	448	41	7	34
1964	366	40	3	33
1965	349	42	6	30

Work performed by County Council Midwives.—Information about domiciliary confinements attended by County Council and agency midwives is compiled from case reports submitted immediately after the midwife ceases attendance.

Deliveries.—During 1965, there were in all 1,794 domiciliary confinements, of which 22 were attended either by doctors alone, by private midwives or by ambulance midwives in emergency, leaving 1,772 cases in which a County Council or agency domiciliary midwife was in attendance.

Table VI on page 114 shows the distribution of these 1,772 cases throughout the Nursing Districts of the County. Attendance on these cases involved 17,915 ante-natal and 26,355 midwifery post-natal visits—a total of 44,270 visits. On average each case received 10 ante-natal and 15 midwifery visits from the midwife.

The 7 whole-time Midwives in the Borough of Shrewsbury attended 347 cases, or an average of 50 each; in the remainder of the County, where midwifery is combined with home nursing, and excluding cases attended by agency midwives, whose work in Shropshire is only part of their duties, the district nurse-midwives averaged 19 cases each.

In addition, 2,141 cases were attended following discharge from hospital after confinement, involving 10,040 visits. This work, one feels, is less satisfactory to the domiciliary midwife, who may feel "slightly slighted" and that she has been denied the chances of exercising her professional skill at the confinement. It is hard to see how this sharing can be avoided; and our domiciliary midwives play their part well, and for the most part philosophically, in such cases.

The following table, showing these hospital maternity discharges classified according to the "in-patient" period in days between delivery and discharge, with comparative figures for the preceding year, may be of interest. When the birth rate rises, with resultant increased pressure on hospital maternity beds, there must of necessity be earlier discharges and it will be seen that the percentage of discharges within 5 days of delivery was 30% (33% in 1964 and 27% in 1963).

Table 46: Discharged hospital maternity cases

In-Patient post-natal period (days)	Cases		Total visits by domiciliary midwife	
	1964	1965	1964	1965
1— 2	214	243	2,152	2,509
3— 5	438	403	2,914	2,748
6— 8	947	1,104	3,445	3,926
9—10	377	391	792	857
TOTAL . .	1,976	2,141	9,303	10,040

Ante-natal care was also afforded by the domiciliary midwives to 322 cases booked for confinement in hospital, involving 2,372 visits.

The preceding details are repeated in the table below for comparison with work performed during the previous year.

Table 47: Cases attended by Domiciliary Midwives

Year	Staff	Domiciliary Confinements				Discharged Institutional Cases	
		Cases	Visits				
			Ante-natal	Post-natal	Total	Cases	Visits
1964	Midwives	361	4,114	5,205	9,319	323	1,659
	Nurse-Midwives . .	1,605	15,288	24,232	39,520	1,653	7,644
	TOTAL . .	1,966	19,402	29,437	48,839	1,976	9,303
1965	Midwives	347	4,169	4,882	9,051	366	1,794
	Nurse-Midwives . .	1,425	13,746	21,473	35,219	1,775	8,246
	TOTAL . .	1,772	17,915	26,355	44,270	2,141	10,040

Maternity Medical Services.—The Health Department midwives advise all expectant mothers to engage a doctor for Maternity Medical services. Of the 1,772 confinements, a doctor had been booked to provide maternity medical services in 1,754 cases (99 per cent); a doctor was present at delivery in 413 (24 per cent) of these cases.

Of the remaining 18 cases (1 per cent) in which no doctor had been booked, one was present at delivery in 7 cases (39 per cent).

Blood examinations.—Ante-natal blood testing of an expectant mother is necessary to detect anaemia; to determine Wassermann and Kahn reactions as tests for Syphilis; and to establish her blood group and, in certain cases, to see if antibodies are present.

By agreement with the Local Medical Committee, every midwife is supplied with blood tubes, labels and envelopes for specimens to be taken by the general practitioner and sent by the midwife to the Regional Blood Transfusion Centre in Birmingham. Where the practitioner does not wish to take the required specimen, the midwife is expected to refer the patient to a County Council medical officer at a Welfare Centre session, and the results of the test are subsequently notified to the practitioner concerned. Similarly, in domiciliary cases where a County Council midwife is not involved, blood testing outfits are sent to the practitioner on request.

All midwives have been supplied with Tallqvist test books for the estimation of haemoglobin. This test for anaemia is carried out by the midwife at the time of booking and again at the 30th week or thereabouts. Any case in which the haemoglobin level is below 75 per cent is referred to the general practitioner concerned. This is a useful test, recommended and approved by knowledgeable experts. It saves lives, and to criticise it seems a disservice to patients and to good obstetric practice.

The Senior Consultant Obstetrician addressing practitioners and midwives in May, 1965, reminded us that the volume of the blood circulating in a pregnant woman is increased by 30 per cent for the foetus. The red cells are not increased correspondingly and so there is haemoglobin deficiency. A recording of less than 80 per cent should be treated, and this latter figure if verified should be our new criterion for reference to the practitioner.

Anaemia.—Minor degrees of anaemia are common in women. In pregnancy, the urgent demands of the foetus convert a slight deficiency into a gross deficiency, so that the mother's anaemia becomes much more serious. A severe anaemia may become a very dangerous condition when a moderate post-partum haemorrhage complicates the third stage of labour.

It is important, therefore, in ante-natal work, to recognise cases of anaemia and to treat them appropriately. In the iron-deficiency anaemia, large doses of iron rapidly cause improvement, the haemoglobin value of the blood may rise by as much as 30 per cent in a month, and the corresponding improvement in the patients' condition is nearly always obvious.

Rhesus Factor.—In about 85 per cent of men and women their blood contains a property known as the "Rhesus Factor"; blood containing this property is called Rh. positive, and that without Rh. negative.

An expectant mother whose blood is Rh. negative and who is married to an Rh. positive man may give birth to a child who will develop anaemia and jaundice shortly after birth—a condition known as "Haemolytic disease of the newborn." Prompt diagnosis and exchange blood transfusion afford the best chance of saving the lives of such babies.

For prompt action in such cases, midwives have been instructed to obtain cord blood specimens for immediate examination by the Coombs test in the following circumstances:

(*a*) when the laboratory investigations have shown that the child is likely to be born suffering from haemolytic disease; OR

(*b*) if the child at birth appears jaundiced, anaemic or oedematous; OR

(*c*) if at birth the first inch or so of the cord at the umbilicus shows a greenish-yellow discolouration. (This is a valuable early sign of haemolytic disease, although exceptionally it may be seen in a normal child; and it is a sound practice to examine the cord routinely for this discolouration immediately a baby is delivered); OR

(*d*) in all cases where *the mother's blood has not been examined ante-natally.*

The reports for 1965 show that blood specimens were known to have been examined for the Rhesus Factor and the results notified to the midwife in 1,753 cases (99 per cent) and for Wassermann and Kahn reactions (for Syphilis) in 1,579 cases (89 per cent).

Table 48: Results of Blood Tests

Year	Rhesus Factor			Wassermann and Kahn		
	Tested	Positive	Negative	Tested	Positive	Negative
1965	1,753 (99%)	1,554 (89%)	199 (11%)	1,579 (89%)	—	1,579
1964	1,950 (99%)	1,689 (87%)	261 (13%)	1,766 (90%)	2	1,764
1963	2,065 (99%)	1,780 (86%)	285 (14%)	1,779 (86%)	1	1,778
1962	2,029 (99%)	1,754 (86%)	275 (14%)	1,730 (85%)	1	1,729
1961	2,007 (99%)	1,707 (86%)	290 (14%)	1,757 (87%)	2	1,755
1960	1,845 (98%)	1,607 (87%)	235 (13%)	1,607 (86%)	2	1,605
1959	1,716 (98%)	1,491 (85%)	225 (15%)	1,486 (85%)	—	1,486
1958	1,833 (98%)	1,584 (86%)	249 (14%)	1,548 (83%)	1	1,547
1957	1,669 (90%)	1,460 (88%)	200 (12%)	951 (51%)	5	946
1956	1,225 (63%)	1,061 (87%)	164 (13%)	658 (34%)	2	656

Sixteen of the nineteen cases in which Rhesus Factor results were not known by the midwife were emergency cases. Eleven had not booked a doctor for maternity medical services. In eight cases, birth occurred before the arrival of doctor or midwife. In ten cases, admission to hospital was necessary—of the child in 2 cases and of mother and child in 8 cases.

Coombs tests were performed in 227 cases, of which 224 produced a negative result and 3 were positive. In 5 Rhesus negative cases in which a Coombs test was not performed, birth occurred in one case before arrival of doctor or midwife, one case resulted in a stillbirth and one child was removed to hospital.

In the Coombs positive cases, all three babies appeared healthy at birth and had no evidence of jaundice and have since progressed normally.

These cases quoted above are mothers whose blood was sent by our Health Department midwives for testing. Exchange transfusions were given to 9 babies in Copthorne Hospital in 1965.

Age and Pregnancy.—The accepted criteria for admission of expectant mothers to hospital for confinement are either "medical" (for some unusual obstetric reason) or "social", i.e. because of unsuitable home conditions ("social" grounds—see page 31).

The Cranbrook Report recommended that primigravidae, those over 35 years of age and those expecting their fifth or subsequent child should be confined in hospital. This presupposes the availability of hospital beds for all eligible categories and it is only with the early discharge of many maternity cases from hospital that some, but not all, of the required beds can be made available. Of just over 4,000 institutional maternity cases, over 50 per cent were discharged to the care of the domiciliary midwives before the tenth day and, as shown on page 28, 646 or 15 per cent of the total hospital cases came out within 5 days of delivery.

The Local Maternity Liaison Committee, referred to on page 32, have recommended criteria for *domiciliary* confinements corresponding with the Cranbrook standards, with the inclusion of primigravidae under 30 years. Even so, home confinements in Shropshire in 1965, shown in the table below according to age and pregnancy, included 239 cases (13 per cent)—those outside the thick lines—who satisfied the conditions for hospital confinement. One must, of course, bear in mind the fact that emergencies occur where hospital booked cases have to be delivered at home, as well as the freedom of the individual to choose home confinement when all relevant factors point to hospitalisation.

The report on Confidential Enquiries into Maternal Deaths in England and Wales, 1961-1963, published early in 1966, shows that in 296 deaths with avoidable factors, *the patient or her relatives* were deemed wholly responsible for 121, and partially responsible for 33—a total of more than half.

Table 49: Domiciliary Cases by Age and Pregnancy

Age Group	Total cases	Current Pregnancy												
		1	2	3	4	5	6	7	8	9	10	11	12	13
15—20 years ..	158	70	70	17	1	—	—	—	—	—	—	—	—	—
21—25 „ ..	644	130	311	148	45	7	2	1	—	—	—	—	—	—
26—30 „ ..	584	52	211	184	90	33	10	3	—	1	—	—	—	—
31—35 „ ..	270	5	53	87	64	43	9	5	1	3	—	—	—	—
36—40 „ ..	100	—	11	18	28	15	15	6	6	—	1	—	—	—
40—45 „ ..	16	—	—	4	—	3	3	3	1	—	1	—	—	1
TOTAL ..	1,772	257	656	458	228	101	39	18	8	4	2	—	—	1

Analgesics.—Pethidine was administered on its own or in conjunction with trilene and/or gas/air in 1,216 confinements (69 per cent).

Trilene was given on its own or with pethidine or gas/air in 839 cases (47 per cent).

Gas/air was given on its own or with trilene or pethidine in 597 cases (34 per cent).

Analgesics were given in 1,583 domiciliary cases—89 per cent of the total confinements attended by County Council midwives.

Births—Domiciliary confinements attended by County Council midwives resulted in the birth of 1,770 live infants (including 5 pairs of twins and one pair in which one child was stillborn) and 7 stillbirths.

Of the 8 confinements resulting in a stillbirth, the mother's blood group was Rhesus positive in 7 cases and negative in one case. The stillbirth rate per 1,000 domiciliary live and still births was 4.5, compared with 17.8 for domiciliary and institutional births in the County generally.

Premature Births—Fifty-two of the 1,772 confinements resulted in the birth of a live infant weighing $5\frac{1}{2}$ lb. or less.

General.—Complications, either during or after pregnancy, arose in 239 cases.

For one reason or another, removal to hospital was necessary in 4 per cent or 71 cases, as under:—

Mother	35
Child	10
Both	26

From the date of booking by the midwife to the termination of the puerperium, these 1,772 cases involved 229,457 days under care, or an average of 129 days per case.

Puerperal Pyrexia.—Under the Puerperal Pyrexia Regulations, 1951, medical practitioners are required to notify as Puerperal Pyrexia any febrile condition occurring in a woman in whom a temperature of 100.4 degrees Fahrenheit or more has occurred within 14 days after childbirth or miscarriage.

During 1965, four cases of Puerperal Pyrexia were notified (none of which proved fatal) compared with 2 in the previous year.

Ophthalmia Neonatorum.—This is defined in the Regulations as "a purulent discharge from the eyes of an infant commencing within 21 days from the date of its birth" and resulting, if untreated, in blindness.

There was one case of Ophthalmia Neonatorum in 1965, which recovered without apparent ill-effects.

Pre-Eclamptic Toxaemia.—Cases confined in 1965 in whom Toxaemia had been reported and who had been the subject of special ante-natal care—visits by the midwife weekly or more frequently and progress reported on each occasion to the Health Department—numbered 141.

These cases occurred in the following age groups:

15 years and under 21 ..	17
21 „ „ „ 26 ..	35
26 „ „ „ 31 ..	43
31 „ „ „ 36 ..	34
36 „ „ „ 41 ..	9
41 „ „ „ 46 ..	3
	141

The parity of these cases was as follows:

1st pregnancy	45
2nd „	47
3rd „	25
4th „	12
5th „	5
6th „	3
7th „	2
8th „	2
	141

Confinements occurred with the following seasonal incidence, 64 cases being delivered in hospital and 77 at home:

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
12	11	9	15	18	18	12	9	15	8	5	9	141

There were 4 stillbirths, representing 2.8 per cent of these confinements, and four babies died shortly after birth. In addition, 10 of the confinements resulted in a "premature weight" birth ($5\frac{1}{2}$ lb. or less).

Maternity Outfits.—Under the National Health Service Act, 1946, maternity outfits are supplied by the County Council, without charge, to domiciliary confinement cases.

A supply of these outfits, and a stock of extra dressings, is held by every domiciliary midwife, who issues them on request. Outfits are delivered by the manufacturers direct to the district midwives and a central stock is held in the County Health Department for issue to cases in the Borough of Shrewsbury.

During 1965, a total of 1,938 outfits was issued to domiciliary confinement cases in the County. This was about three-quarters of the number issued in 1964.

Admission of Maternity Cases to Hospital.—Maternity patients are admitted to hospital on two grounds, namely, medical and "social". When admission is required on medical grounds arrangements are made by the medical practitioner in attendance; but when admission is desired for other than medical reasons, arrangements for admission are made by reference to the Medical Officer of Health of the Local Health Authority for the area in which the patient lives.

Applications to the County Health Department by general practitioners for the admission of patients to hospital on sufficient and defined "social" grounds were, in 1965, referred to the Bed Bureau for the reservation of a hospital bed, but such applications omitting particulars of the circumstances and direct applications from patients or midwives are investigated in order to ascertain whether the home circumstances are such that confinement can properly take place at home.

This procedure is undertaken at the request of the Regional Hospital Board to relieve pressure on maternity accommodation in hospitals. Where, however, unoccupied maternity beds are available after the admission of essential cases, hospitals concerned may at their discretion admit patients who do not qualify on "social" grounds.

During 1965, applications were received in respect of 1,142 maternity patients for admission to hospital on "social" grounds (compared with 1,180 patients in the previous year). Of these, 25 were withdrawn by the patients before beds were reserved, 4 were booked for confinement on "medical" grounds, and the remaining 1,113 cases are accounted for as follows:

Recommended for hospital confinement and accepted by hospital concerned .. .. (Of these, 14 patients cancelled their reservations)	1,026
Recommended, but refused by hospital on account of non-availability of beds	Nil
Not recommended	87

(Of these 23 patients withdrew their applications and 62 cases were subsequently booked by Hospitals with surplus beds available, but 11 cancelled their bookings. One other case was booked on medical grounds and in another a surplus bed could not be made available at the hospital in which the patient wished to have her confinement).

With the coming into operation of the National Health Service Act, there was an increase in the confinements taking place in hospital and a fall in those taking place at home. Up until 1956, Shropshire had more babies born at home than the average for the rest of England and Wales; but the proportion has now fallen to be more like the national average.

Table 50: Domiciliary and Institutional Confinements

Year	Total	Confinements		Percentage of Domiciliary Confinements
		Domiciliary	Institutional	
1946	4,377	2,292	2,085	52%
1947	5,248	2,760	2,488	53%
1948	4,787	2,217	2,570	46%
1949	4,872	2,244	2,628	46%
1950	4,785	2,016	2,769	42%
1951	4,662	2,064	2,598	44%
1952	4,766	2,080	2,686	44%
1953	4,752	2,055	2,697	43%
1954	4,610	2,034	2,576	44%
1955	4,534	1,963	2,571	43%
1956	4,600	1,972	2,628	43%
1957	4,695	1,894	2,801	40%
1958	4,895	1,893	3,002	39%
1959	4,977	1,781	3,196	36%
1960	5,250	1,909	3,341	36%
1961	5,427	2,046	3,381	38%
1962	5,506	2,071	3,435	38%
1963	5,816	2,080	3,736	36%
1964	6,058	1,994	4,064	33%
1965	5,982	1,794	4,188	30%

Relief Arrangements.—There are 54 Nursing Districts in the County and in most of these the nursing staff relieve each other for holiday and off-duty periods, often working in groups of three or four for that purpose.

In some areas it has been possible to recruit married nurses to undertake relief, either full-time or part-time, in the district in which they live, but the greatest difficulty lies in obtaining mobile relief nurses who can be moved around to cover vacant districts, holidays, emergencies through sickness, etc. Consequently, the staff in many areas are not getting the off-duty to which they are entitled.

A night rota system is in operation in only one area of the County—in Shrewsbury where seven full-time midwives are employed. This was put into operation from 1st October, 1963, with the assistance of Ambulance Control, but because only five of the seven midwives were at that time approved as teaching midwives, some difficulties were experienced to begin with. Since January, 1964, however, all the Shrewsbury midwives have been approved as teaching midwives and as a result the night rota system is working very well.

Standard Record Cards for Maternity Patients.—The introduction on a national basis of a standard co-operation record card for maternity patients was recommended by the Cranbrook Committee, as a means of ensuring that each member of the obstetric team (hospital, doctor and midwife) concerned with the care of maternity patients is aware of the attention given by the other members.

The card is given to the patient by the doctor or midwife who first sees her in connection with her pregnancy. Entries on the card are made by any general medical practitioner, local health authority or hospital doctor, or midwife who is concerned with the patient's care. It is retained by the patient until the final post-natal examination and then passed to her general medical practitioner for inclusion in her medical records.

Early in 1963, the adoption of a standard record card prepared in consultation with the professions concerned and endorsed by the Standing Maternity and Midwifery Advisory Committee was recommended by the Minister of Health as a matter for local decision.

The principle of the use of such record cards having previously been approved by all concerned in Shropshire, including the Executive Council, Local Medical Committee and Maternity Liaison Committee, supplies of the cards provided by the Ministry were distributed to all County Council midwives in April ,1963, for general use.

Local Maternity Liaison Committee.—Dr. W. H. Watson, Hon. Secretary of the Shropshire Local Maternity Liaison Committee, reports as follows:

> "The Committee continue to deal with administrative problems arising between the three branches of the Health Service. Problems of admission and discharge of Maternity cases and plans for future expansion of obstetric services have been broadly agreed upon. Steps to disseminate any advances in Obstetrics were also made. There is no doubt that liaison is ensuring friendly co-operation throughout the Service."

Midwifery Training Scheme.—By arrangement with the Birmingham Regional Hospital Board, the County Council participate with the Shrewsbury Group Hospital Management Committee in the operation of a Part II Midwifery Training School at Copthorne Hospital, Shrewsbury.

The number of pupil midwives authorised to be in training at any one time is eight (4 in the School and 4 on the District) and seven of the Council's midwives, all in Shrewsbury, are approved as teaching district midwives.

During 1965, twenty-two pupils completed their district training and one other pupil was in training on the district on 31st December.

Medical Practitioners (Fees) Regulations, 1948.—Under the rules of the Central Midwives Board a midwife is required in certain defined circumstances to seek medical assistance by the issue of a Medical Aid Form, and this remains a Rule of the Board and a firm instruction to Shropshire midwives. The fee payable by the County Council (as Local Supervising Authority) under the Medical Practitioners (Fees) Regulations is not claimed where a medical practitioner has already undertaken to provide maternity medical services under Part IV of the National Health Service Act, 1946, for which payment is made by the Local Executive Council.

In 1965, three claims for medical aid were made by practitioners on the County Council, involving expenditure of £12 12s. 0d.

HEALTH VISITING

The National Health Service (Qualification of Health Visitors and Tuberculosis Visitors) Regulations, 1948, which prescribed the qualifications for nurses undertaking health visiting duties, were repealed by the National Health Service (Qualifications of Health Visitors) Regulations, 1964. These latter regulations require that no woman shall be employed as a Health Visitor unless she holds the Certificate issued by the Council for the Training of Health Visitors, or an equivalent qualification.

No authority is given in the new regulations to enable the Minister to dispense with any of the requirements thereof, in which circumstances Local Health Authorities are no longer able to make application to the Minister for sanction to employ unqualified persons as Health Visitors.

To avoid the disruption of existing services, however, Health Visitors employed by Local Health Authorities by virtue of any dispensation in force on 1st August, 1964, when the new regulations took effect, may continue to be so employed, whilst they remain in the service of the same Local Health Authority. At the commencement of the new regulations, there were in Shropshire, 11 nurses undertaking Health Visiting duties by virtue of a dispensation from the Minister of Health.

The following table indicates the numbers of Health Visitors and Nurse-Midwives engaged, whole-time and part-time respectively, in health visiting duties:

Table 51: Health Visiting Staff employed by the County Council

	Authorised Whole-time Establishment	On 31st December		
		1963	1964	1965
Tuberculosis Health Visitor	41	1	1	1
Health Visitors		35	34	35
District Nurse-Midwives (with Health Visitor's qualifications)	11 (whole-time equivalent)	15	16	15
„ „ „ (without Health Visitor's qualifications)		16	15	17
	52	67	66	68

In addition to the above, 5 whole-time School Nurses and 20 part-time staff undertaking duties as health visitors, school and clinic nurses were also employed. Practically all Health Visitors, whole-time and part-time, do school nursing and the following table shows their whole-time equivalent in terms of Health Visiting and School Nursing:

Table 52 : Health Visiting Staff: Whole-Time Equivalents

	Staff	Whole-time equivalent for	
		Health Visiting	School Nursing
Tuberculosis Health Visitor	1	1	—
Health Visitors	13	13	—
Health Visitors/School Nurses	22	15.84	6.16
District Nurse Midwives	32	3.36	1.96
School Nurses	5	—	5.0
Part-time Health Visitors, school and clinic nurses	20	3.46	3.31
	93	36.66	16.43

The above whole-time equivalents show the establishment to have been fulfilled but, as indicated on page 26, an eventual establishment of 69 Health Visitors is envisaged in the Council's Ten Year Development Plan.

Health Visitor Training Scheme.—The Council's Training Scheme is open to State Registered Nurses under 35 years of age who have:

(*a*) obtained the State Certified Midwives Certificate, or

(*b*) passed the first examination of the Central Midwives Board, or

(*c*) completed a course of instruction in obstetric nursing as part of general nursing training,

and are willing to enter into a contract of service with the County Council for a period of thirty-six months from the date of commencement of training.

Under this scheme, the training and examination fees are met by the County Council and the student receives in respect of her period of training (approximately twelve months in duration) a tax-free allowance equivalent to three-quarters of the minimum salary for a Health Visitor. A trainee already in the Council's service, however, whose salary as a nurse-midwife is above the minimum for a Health Visitor, receives, during training, three-quarters of the salary she was receiving immediately prior to training.

On the successful completion of training, the student enters the Council's service for the remaining period (two years) of her contract at the appropriate point on the Health Visitor's salary scale and at the end of this period, subject to satisfactory service, she is offered permanent employment in the County.

The approximate cost to the County Council of training a Health Visitor under this scheme is set out below:

	£	s.	d.
During training (75% of minimum salary) ..	690	0	0
Tuition fee (average)	65	0	0
Examination fee	8	8	0
	£763	8	0

Since the inception of this scheme in 1947 until the end of 1965, the number of students accepted for training was 47, of whom 42 were successful in obtaining their Certificates and two were in training at the end of the year.

Rural Experience.—As in previous years, arrangements were made, at the request of the Medical Officer of Health for Birmingham, for a group of the City's Student Health Visitors to come to Shropshire in June for a week's residential experience in rural health visiting.

The Medical Officer of Health for Birmingham, acknowledging the excellent arrangements which were made for the nine students concerned, has said how much those concerned enjoyed their experience in the County.

Work Performed.—Particulars of work performed by Health Visitors during the year are given below. The majority of these visits were to children under five years of whom 25,034 individual children were seen, compared with 24,316 in the previous year.

Table VI on page 114 shows the distribution of the work of part-time Health Visitors over the various nursing districts.

Table 53: Effective Visits paid by Health Visitors

Type of Case	Whole-time		Part-time		Total	
	Cases	Visits	Cases	Visits	Cases	Visits
1. Children—born in 1965	5,087	22,183	949	5,144	6,036	27,327
2. ,, born in 1964	5,283	20,165	983	4,128	6,266	24,293
3. ,, born in 1960-63	10,881	26,004	1,851	4,353	12,732	30,357
4. Persons aged 65 or over	788	2,403	267	1,200	1,055	3,603
5. Mentally Disordered Persons	494	1,819	58	253	552	2,072
6. Patients discharged from Hospital (other than Maternity)	236	308	41	69	277	377
7. Tuberculous *Households*	678	1,826	94	259	772	2,085
8. *Households* visited on account of other Infectious Diseases	213	250	2	7	215	257
9. School Children	1,505	2,576	504	1,613	2,009	4,189
10. Home Help	—	262	—	205	—	467
11. All Other Cases	1,547	2,931	65	240	1,612	3,171
TOTAL	26,712	80,727	4,814	17,471	31,526	98,198

Of the cases recorded against items 4, 5 and 6 above, the following numbers were visited by Health Visitors at the special request of a Hospital or General Practitioner:

Persons aged 65 years or over	80
Mentally disordered persons	16
Patients discharged from Hospital	43
TOTAL ..	139

In addition the Health Visitors made 11,799 ineffective visits. They also attended half-day sessions in clinics and schools as follows:

County Council Clinics	3,162
Hospital (including Chest) Clinics	302
Other Sessions or Clinics	794
School Health Service Sessions (including Hygiene inspections)	1,053
TOTAL	5,311

These particulars do not include work performed by the whole-time Tuberculosis Health Visitor (83 households, 483 visits, 118 sessions and 57 ineffective visits).

Health Services and General Medical Practitioners.—No formal arrangements were made in 1965 in this County for Health Visitors to be attached to General Practitioners or group practices, but one such scheme is now under consideration as a pilot scheme. The number of whole-time Health Visitors is still well below strength and the difficulties of sharing staff between two or more practitioners or practices would outweigh any advantages; but Health Visitors are encouraged to get to know and offer their help to the doctor in their area.

Practitioners may confer directly with local Health Visitors if they so wish.

If in any doubt, they may alternatively find it simpler to telephone or write about their need to the Central Health Department (Telephone: Shrewsbury 52211 and ask for Health Department with name of Section if possible). Such enquiries are welcomed and every effort is made to provide appropriate services.

HOME NURSING SERVICE

As in the case of the domiciliary midwifery service, the Council provide home nursing by the direct employment of nursing staff, except in the parishes of Llanfairwaterdine, Bettws-y-Crwyn and Stowe, which are covered by agency arrangements with the County of Radnor.

All six full-time Home Nurses in the Council's service at the end of 1965, were employed in Shrewsbury. Elsewhere in the County, home nursing is combined with midwifery and undertaken by the nurse-midwives in the various nursing areas.

Cases attended.—Every case attended for home nursing purposes is the subject of a case report, completed by the nurse on termination of attendance or at 31st December where the patient is still on the nurse's books. From these reports punched card statistics are obtained for the purposes of official returns and study of the various aspects of the service.

During 1965, home nursing was provided for 6,136 patients, who received 142,219 visits—an average of 23 per case. Compared with the previous year, cases decreased by 62 and visits decreased by 1,687.

The table below compares work undertaken in 1965 with that for the previous year. The whole-time Home Nurses each attended on average 144 cases for 4,319 visits or 30 visits per case; excluding the agency nurses, whose work in Shropshire is only part of their duties, the nurse-midwives each attended 71 cases for 1,568 visits—an average of 22 visits per case.

Table 54 : Home Nursing Cases

Year	Staff	Cases attended	Total Visits
1964	Home Nurses	951	27,758
	Nurse-Midwives	5,247	116,148
	TOTAL	6,198	143,906
1965	Home Nurses	864	25,912
	Nurse-Midwives	5,272	116,307
	TOTAL	6,136	142,219

More cases were attended by the Home Nurses for conditions such as anaemia (97 more), complications of pregnancy and the puerperium (56 more), and diseases of the bones, joints and muscles (31 more). Fewer cases were attended suffering from injuries (39 less), diseases of the breast and female genital organs (38 less) and vascular lesions of the nervous system (32 less).

Table VI on page 114 gives particulars of the number of cases attended in 1964 in each nursing district in the County, including those covered by agency arrangements.

Of the 6,136 cases attended:

3,148 (or 51 per cent) were 65 years or over when first visited during the year and received 94,564 visits (67 per cent of the total);

341 (or 6 per cent) were children under 5 years and received 2,098 visits (1.5 per cent of the total).

The increasing use of this Service for the aged is shown in the table following, and with the provision of Home Help for the elderly and chronic sick as indicated in Table 97 on page 70, it is clear that the Local Health Services are playing a major part in the care of the aged.

Table 55 : Home Nursing of the Aged (over 65)

Year	Cases		Visits	
		%		%
1956	3,072	39.1	93,863	60.4
1957	3,033	39.5	96,088	61.0
1958	3,119	43.5	99,388	64.8
1959	3,035	43.7	92,228	64.4
1960	3,023	45.1	94,652	65.8
1961	3,032	48.5	92,637	67.2
1962	3,033	48.9	90,585	66.1
1963	3,086	48.9	94,893	68.2
1964	3,184	51.4	95,387	66.7
1965	3,148	51.3	94,564	66.5

Diseases.—Table VII on page 115 shows the distribution, by diseases or ailments and according to sex and age groups, of all home nursing cases attended during the year.

As in previous years, conditions as follows were responsible for the larger proportion of cases attended: Anaemia (748), diseases of the heart and arteries (517), injuries (502), diseases of the skin and subcutaneous tissues (401), vascular lesions of the central nervous system (361) and diseases of the breast and female genital organs (332).

Referral.—Nurses attend patients only with the concurrence of the family doctors concerned: 5,774 or 94 per cent of the cases attended were referred by Practitioners.

Occupations.—Of those attended—4,198 (or 68 per cent) were females.

The table below shows the distribution of home nursing cases according to their occupations and it will be seen that housewives provide the major part of the nurses' work:

Table 56 : Occupations

Occupation	Cases	Percentage
Pre-School	342	5.6
School	270	4.4
Actively employed	885	14.4
Housewives	3,418	55.7
Retired	1,139	18.6
Others (independent means, etc.) ..	82	1.3
TOTAL ..	6,136	100.0

The percentage of retired persons may seem rather contradictory in relation to Table 55, but the simple explanation is that housewives do not retire!

Treatments.—Of the 6,136 patients visited, 4,696 or 77 per cent, were attended for one particular purpose; 1,368 patients (22 per cent of the total) were attended solely for injections, 1,215 (20 per cent) solely for dressings and 766 (12 per cent) for general nursing care only.

The statement below indicates the types of treatment given and the cases treated, those receiving more than one type of treatment being classified under that constituting the main reason for nursing attendance.

Table 57 : Treatments

Treatment	*Cases*	*Total*	*Visits*	*Total*
Injections	1,368		30,389	
,, with other treatments	471		19,358	
		1,839		49,747
Blanket baths	329		8,846	
,, with other treatments	475		19,722	
		804		28,568
Enemas	233		1,184	
,, with other treatments	95		1,201	
		328		2,385
Dressings	1,215		23,733	
,, with other treatments	158		5,996	
		1,373		29,729
Changing of pessaries	124		437	
,, with other treatments	34		299	
		158		736
Washouts, douches, etc.	79		638	
,, with other treatments	83		571	
		162		1,209
General nursing care	766		22,633	
,, with other treatments	5		153	
		771		22,786
Preparation for diagnostic investigation ..	164		242	
,, with other treatments	17		43	
		181		285
Eye, ear, nose and throat treatments	70		1,921	
,, with other treatments	15		911	
		85		2,832
Others	433		3,939	
		433		3,939
TOTAL ..		6,136		142,219

Injections.—It will be seen from the above figures that 1,839 patients (30 per cent of all cases) received injections during 1965, and that 1,368 of these (74 per cent of injection cases) were attended solely for that purpose.

In all, injection cases accounted for 49,747 visits (35 per cent of the total) and those who had injections only without any other form of treatment received 30,389 visits (21 per cent of all visits).

Many cases, particularly those suffering from diabetes and anaemia, were visited every day of the year.

Table 58 shows, by disease or ailments, the numbers of cases whose treatment included injections, either solely or in conjunction with other treatments, and indicates anaemia, diseases of the heart and arteries, complications of pregnancy and the puerperium, respiratory diseases and diabetes mellitus to be the principal conditions necessitating home nursing attention for injections.

Table 58 : Nursing cases receiving Injections

Diseases	Cases receiving Injections				Visits
	Injections only	With general nursing care	With other treatments	Total	
Tuberculosis	19	—	—	19	589
Other infectious diseases	19	—	3	22	251
Malignant and lymphatic neoplasms	11	23	24	58	2,745
Asthma	32	2	2	36	670
Diabetes mellitus	55	4	22	81	8,173
Anaemia	684	19	39	742	17,658
Vascular lesions affecting central nervous system	4	5	12	21	658
Other mental and nervous diseases	33	2	10	45	2,388
Diseases of the eye	—	—	2	2	58
Diseases of the ear	11	—	13	24	166
Diseases of the heart and arteries	126	33	47	206	7,519
Diseases of the veins	2	1	4	7	547
Upper respiratory diseases	40	1	17	58	403
Other respiratory diseases	40	25	16	81	858
Diseases of the digestive system	12	3	7	22	337
Diseases of the urinary system and male genital organs	2	1	2	5	46
Diseases of the breast and female genital organs	18	1	12	31	332
Complications of pregnancy and the puerperium	141	9	10	160	1,518
Diseases of the skin and subcutaneous tissues	40	—	33	73	646
Diseases of the bones, joints and muscles	29	8	11	48	2,405
Injuries	5	—	18	23	155
Senility	7	8	8	23	884
Other defined and ill-defined diseases	38	6	8	52	741
	1,368	151	320	1,839	49,747

The provision from the end of August, 1962, of sterile syringes for all members of the nursing staff in the Borough of Shrewsbury and subsequently for nurses in certain other areas of the County, as reported on page 45, has proved of marked assistance to the staff and has fulfilled all expectations.

Nursing of Children.—The report of a Committee of the Central Health Services Council on "The Welfare of Children in Hospital" states that when the nature of a child's illness and conditions permit, mothers should be encouraged to nurse a sick child at home under the care of the family doctor and with assistance where necessary from the home nurse and the home help service. Co-operation between the family doctor and the local health authority services with the help of the hospital and specialist services can prevent in suitable cases the removal of the child from home. For children in hospital, the health visitor should keep in touch with the family and encourage the parents to visit the child. A report of the health visitor on the home and family circumstances can be a useful factor in determining the best means of after-care and the prevention of a recurrence of illness. On discharge of a child from hospital, use should be made of the full range of local health authority services in consultation and co-operation with the family doctor.

No special arrangements are in force for the nursing of sick children, other than for premature infants. Premature baby cots, complete with stand, mattress, blankets, mackintosh sheet, hot water bottle and special feeder are held by nurse-midwives in strategic parts of the County for use in such cases. During 1965, the Council's Health Department enjoyed excellent liaison with Dr. J. C. Macaulay, Consultant Paediatrician, Copthorne Hospital, Dr. B. D. Bower, Consultant Paediatrician at the Sorrento Maternity Hospital, Birmingham, and Dr. E. G. G. Roberts, Consultant Paediatrician at Maelor General Hospital, Wrexham.

Figures in Table VII on page 115 show that 341 children under 5 years and 254 between 5 and 15 years received home nursing treatment during 1965. Of those under 5 years, 147 were referred to the nurses by the family doctor and 17 by hospitals. Of those dealt with in this age group, 21 were subsequently admitted to hospital and 38 referred by the nurses either to the family doctor or to hospital out-patient departments.

The principal conditions necessitating home nursing treatment for children are summarised in the table below.

Table 59 : Principal conditions necessitating Home Nursing for Children

Diseases	Children 0—15 years		
	Males	Females	Total
Injuries	94	73	167
Diseases of the skin and subcutaneous tissue	49	29	78
Upper respiratory diseases	25	19	44
Diseases of the digestive system	20	14	34
Other respiratory diseases	17	10	27

When notifications are received from hospitals of the discharge of children, these are passed on to the health visitors, who visit and ensure that full advantage is taken of the local health services.

Completed Cases.—Of the 6,136 cases attended, 4,889 (or 80 per cent) were removed from the books for varying reasons during the year. Table VIII on page 116 gives particulars of these cases by diseases, length of time on the books, visits, etc.

The reasons for cessation of home nursing attendance are given in the table below:

Table 60 : Cases removed from the Nursing Registers

	Cases	Percentage
Recovered, relieved or convalescent	2,761	56.5
Admitted to hospital or nursing home	834	17.1
Died	540	11.0
Referred to out-patients, own doctor, etc.	449	9.2
Gone away	229	4.7
Treatment undertaken by patient, relative, etc.	51	1.0
Discontinued	13	0.3
Others	12	0.2
	4,889	100.0

Of the 540 patients who died, major causes were cancer (30 per cent), diseases of the heart and arteries (21 per cent), vascular lesions affecting the central nervous system (19 per cent) and senility (12 per cent).

Each patient was attended on the average for 99 days and required 32 visits, or 2.3 visits per week. Night visits—those between the hours of 9 p.m. and 8 a.m.—were few, amounting to 0.17 per cent of the total visits, or one visit in every 574, an *average* of 3 per nurse per year, not, of course, including midwifery.

VACCINATION AND IMMUNISATION

The Council's scheme under Section 26 of the National Health Service Act, 1946, provides for immunological protection against Smallpox, Diphtheria, Whooping Cough, Tetanus and Poliomyelitis, to be given by general medical practitioners or by Assistant County Medical Officers at Welfare Centres and Schools.

Following consultation with the Associations representing Local Health Authorities and the Medical Profession, the Ministry of Health, in Circulars 11/64 and 20/64 relating, respectively, to records of vaccination against smallpox and immunisations generally, recommended that authorities would have sufficient information at their disposal to assist them in carrying out their programme if records were maintained only for children who had not yet reached their sixteenth birthday.

These recommendations were considered and approved both by the Health Committee of the County Council and the Local Medical Committee representing General Practitioners; following which a letter was sent to all practitioners in the County setting out the revised requirements for the submission of records, in the following terms:

"(1) *Vaccination against Smallpox:*

Records are required and payment will be made at the rate of 5/- each for successful primary vaccinations and for one successful re-vaccination performed in children who have not reached their sixteenth birthday. (N.B.—In the case of an unsuccessful first attempt, the fee will be paid only if a second attempt is made and recorded, whether successful or not).

(2) *Immunisation against Diphtheria/Tetanus/Whooping Cough/Poliomyelitis:*

Records are required and payment of the approved fee of 5/- will be made in respect of children who have not reached their sixteenth birthday:

(*a*) In the case of Diphtheria, Tetanus, or Pertussis immunisation—for the record of a complete primary course and for each reinforcing dose required before the age of sixteen years.

(*b*) In the case of vaccination against Poliomyelitis—for the record of a primary course consisting of two doses of inactivated vaccine or three doses of oral vaccine. In the first mentioned case a further fee will be payable for the record of completion of the basic course either by one dose of inactivated vaccine or two doses of oral vaccine. A further fee is also payable for one reinforcing dose before the sixteenth birthday.

(3) *General and Important:*

The fees referred to above are payable:

(*a*) In respect of patients not having reached the age of sixteen years who are *on the list of the Practitioner concerned or are his private patients.*

(*b*) Provided the record is in the standard form (the printed forms supplied by the Salop County Council meet with this requirement).

(*c*) Subject to the record being sent to the Authority as soon as the course of vaccination or immunisation is completed but in any event *not more than three months later.*

(*d*) Subject, where combined prophylactics are used, to the payment of only one fee for the record of a primary course or reinforcing dose given to one patient.

(N.B.—The printed record in Salop provides for the use of single, combined or triple antigens supplied by the Council but if a Practitioner, in his discretion, uses Quadruple vaccine obtained from other sources it is sufficient to state this fact on the card or add the words "and Poliomyelitis" to the title at the head of the card).

At the same time the opportunity was taken to set out for the information of practitioners a statement of the Health Department's recommendations for the administration of the various procedures, as follows:

Statement for information of Vaccination and Immunisation Recommendations under Health Department Arrangements

Recommended Age	*Vaccine*	
2 months	Diphtheria-Tetanus-Whooping Cough ..	First dose
3 months	Diphtheria-Tetanus-Whooping Cough ..	Second dose
4 months	Diphtheria-Tetanus-Whooping Cough ..	Third dose
6 months	Oral Poliomyelitis	First dose
7 months	Oral Poliomyelitis	Second dose
8 months	Oral Poliomyelitis	Third dose
1 year	Smallpox	
18 months ..	Diphtheria-Tetanus-Whooping Cough ..	Reinforcing dose
School entry ..	Oral Poliomyelitis	Fourth dose
School entry ..	Diphtheria-Tetanus	Reinforcing dose
11 years	Diphtheria-Tetanus	Reinforcing dose
11 years	Smallpox	Re-vaccination
Over 11 years ..	B.C.G.	

Since September, 1965, the above programme has been modified by the giving of oral vaccine for protection against Poliomyelitis concurrently with triple antigen at 2, 3 and 4 months.

Vaccination against Smallpox.—For many years our successive annual reports have recorded the same advice on the question of vaccination against Smallpox—that successful vaccination confers, after an interval, complete protection against death from this disease, and almost complete protection against catching the disease even when exposed to it; that this protection lasts for some years, and is renewed safely and easily; and that vaccination is best done in early childhood.

Following the mass vaccinations which took place as the result of the outbreaks of Smallpox during early 1962, the Ministry of Health advised that the best time to vaccinate babies against Smallpox was between the ages of one and two years, when there may be less risk of the rare central nervous system complications, and the presence of eczema, one of the chief contra-indications, is unlikely to be missed.

The Council's immunisation programme was amended accordingly from 1963 with a resultant drop in the numbers of children receiving primary vaccination before the first birthday. However, many general practitioners continue to vaccinate during the early months of life. Consequently, of 597 children who received primary vaccination before their first birthdays during 1965, only 11 had been done by the Council's Medical Officers. On the other hand, 1,497 children between the ages of one and two years were vaccinated by the Council's Medical Officers, compared with 731 by general practitioners.

In 1965 there were performed in Shropshire 3,750 successful primary vaccinations in children under 5 years. Of these, 2,836 children were under two years of age and these, together with the 827 babies under one year who received primary vaccination in 1964, represent 32 per cent of the births in 1964 and 1965.

In all, primary vaccinations in 1965 totalled 3,957, of which 3,951 were successful, and revaccinations 494, with 471 successful. Of the total of 4,451 vaccinations performed, 1,999 were done by general medical practitioners and 2,452 by County Council medical staff.

Particulars are given in the table below of the distribution in the areas of Local Authorities in the County of all persons vaccinated and revaccinated in 1965.

Table 61 : Primary Vaccinations and Revaccinations Performed

Area	Local Authority	Births 1964 and 1965	Under 2 years		2—4 years		5—14 years		15 years and over		Total	
			P	S	P	S	P	S	P	S	P	S
North-West Combined Districts	Ellesmere Urban ..	93	33	33	12	12	3	3	—	—	48	48
	Ellesmere Rural ..	233	42	42	20	20	10	9	2	2	74	73
	Wem Urban	102	24	24	6	6	14	11	2	2	46	43
	Wem Rural	430	86	86	24	24	16	16	2	2	128	128
	Whitchurch Urban ..	212	42	42	8	8	8	8	1	1	59	59
North-East Combined Districts	Newport Urban ..	230	83	83	36	36	20	20	6	6	145	145
	Oakengates Urban ..	603	201	201	42	42	28	27	—	—	271	270
	Shifnal Rural	562	184	181	42	41	34	32	3	3	263	257
	Wellington Urban ..	604	171	170	50	50	28	28	16	16	265	264
	Wellington Rural ..	1,136	236	236	70	69	23	21	10	10	339	336
South-West Combined Districts	Atcham Rural ..	946	215	215	93	92	38	37	14	13	360	357
	Bishop's Castle Borough	36	25	25	1	1	5	5	1	1	32	32
	Church Stretton Urban	80	26	26	4	4	2	2	—	—	32	32
	Clun Rural	298	57	57	8	8	15	15	4	4	84	84
	Dawley Urban ..	433	98	97	35	35	11	11	1	1	145	144
—	Ludlow Borough ..	235	44	44	21	21	5	5	2	2	72	72
—	Ludlow Rural	412	117	117	25	25	12	11	3	3	157	156
—	Market Drayton Urban	283	66	65	31	31	8	8	—	—	105	104
	Drayton Rural ..	364	83	83	31	31	16	16	3	3	133	133
—	Bridgnorth Borough ..	361	109	109	30	30	20	19	3	3	162	161
	Bridgnorth Rural ..	484	78	78	38	38	14	14	1	1	131	131
	Wenlock Borough ..	529	143	143	52	52	31	29	1	1	227	225
—	Oswestry Borough ..	395	129	129	21	21	46	46	24	24	220	220
	Oswestry Rural ..	606	118	118	40	39	21	21	10	10	189	188
—	Shrewsbury Borough ..	1,911	434	434	195	195	89	86	46	45	764	760
	TOTAL ..	11,578	2,844	2,838	935	931	517	500	155	153	4,451	4,422

Diphtheria.—There was no notified case of, or death from, Diphtheria in the three years from 1963 to 1965. In the ten years from 1953 to 1962 there was only one notification and one death—the former in 1961 of a boy of 13, who had been immunised as a baby and recovered fully after treatment, and the latter of a woman of 72 years, due to syncope, toxaemia and throat infection, but without any bacteriological evidence. Twenty-five years ago, in 1940, there were 236 notified cases and eleven deaths.

In 1965, primary immunisations against Diphtheria numbered 5,573 and re-inforcing injections 7,336, County Council medical staff undertaking 2,384 of the former and 5,285 of the latter.

Primary immunisations included 2,524 children born in 1965 and this represents 44 per cent of the 5,782 births in that year. Immunisation is now started at the age of 2 to 5 months.

The table following shows the distribution in Local Authority areas of all children immunised in Shropshire in 1965.

Table 62 : Children Immunised against Diphtheria in the various County Districts

Area	Local Authority	Births 1965	Primary Immunisations—Children born in				Re-inforcing
			1965	1964—1961	1960—1950	Total	
North-West Combined Districts	Ellesmere Urban ..	51	24	22	1	47	75
	Ellesmere Rural ..	121	46	63	14	123	172
	Wem Urban	56	11	39	1	51	67
	Wem Rural	204	48	70	11	129	165
	Whitchurch Urban ..	101	37	47	3	87	151
North-East Combined Districts	Newport Urban ..	115	53	74	3	130	198
	Oakengates Urban ..	300	146	115	14	275	458
	Shifnal Rural	256	124	144	9	277	326
	Wellington Urban ..	314	140	143	13	296	429
	Wellington Rural ..	575	207	217	29	453	654
South-West Combined Districts	Atcham Rural	451	192	251	30	473	539
	Bishop's Castle Borough	20	17	21	—	38	63
	Church Stretton Urban	42	27	17	5	49	60
	Clun Rural	156	36	36	5	77	73
—	Dawley Urban	208	102	103	6	211	383
—	Ludlow Borough ..	127	51	57	5	113	104
—	Ludlow Rural	203	118	104	8	230	194
—	Market Drayton Urban	129	53	64	10	127	139
	Drayton Rural	198	54	96	3	153	225
—	Bridgnorth Borough ..	190	91	77	7	175	208
	Bridgnorth Rural ..	243	80	104	7	191	230
	Wenlock Borough ..	292	122	156	20	298	443
—	Oswestry Borough ..	184	63	125	11	199	343
	Oswestry Rural ..	297	81	148	20	249	374
—	Shrewsbury Borough ..	949	600	442	80	1,122	1,262
	TOTAL ..	5,782	2,523	2,735	315	5,573	7,336

Whooping Cough.—Facilities for immunisation against Whooping Cough have been available in this County since the coming into operation of the National Health Service Act, and parents have been encouraged to have children protected at the early age of two to three months, since the disease takes its greatest toll in very young infants.

In 1965, there were 44 notified cases of Whooping Cough—a decrease of 135 compared with the previous year. Twenty years ago, in 1945, there were 483 notified cases and 4 deaths. The table following shows the numbers of notified cases and deaths over five-year periods from 1951.

Table 63 : Whooping Cough—Five-Year Averages

	1951—55	1956—60	1961—65
CASES:			
Total ..	4,741	1,964	713
Average	905.2	392.8	142.6
DEATHS:			
Total ..	12	1	2
Average	2.4	0.2	0.4

Both deaths in the last five years were of unvaccinated infants.

During 1965, children immunised against Whooping Cough numbered 5,208, of whom 3,082 were done by general medical practitioners and 2,126 by County Council medical staff. Children born in 1965 and immunised during the year totalled 2,473 or 43 per cent of the year's births.

The table below shows the distribution in the areas of Local Authorities of all children immunised during the year.

Table 64: Whooping Cough—Children Immunised in Sanitary Districts

Area	Local Authority	Births 1965	Children Immunised			
			Born 1965	1—4 years (64—61)	5—14 years (60—50)	Total
North-West Combined Districts	Ellesmere Urban	51	24	22	—	46
	Ellesmere Rural	121	46	62	—	108
	Wem Urban	56	11	39	1	51
	Wem Rural	204	48	67	5	120
	Whitchurch Urban ..	101	37	46	3	86
North-East Combined Districts	Newport Urban	115	52	72	1	125
	Oakengates Urban ..	300	145	112	4	261
	Shifnal Rural	256	122	143	3	268
	Wellington Urban ..	314	137	139	1	277
	Wellington Rural	575	205	215	8	428
South-West Combined Districts	Atcham Rural	451	192	246	12	450
	Bishop's Castle Borough	20	17	21	—	38
	Church Stretton Urban ..	42	25	17	—	42
	Clun Rural	156	36	36	2	74
—	Dawley Urban	208	102	101	1	204
—	Ludlow Borough	127	51	55	2	108
—	Ludlow Rural	203	116	102	5	223
—	Market Drayton Urban ..	129	53	63	—	116
	Drayton Rural	198	53	94	2	149
—	Bridgnorth Borough ..	190	90	76	—	166
	Bridgnorth Rural	243	76	105	—	181
	Wenlock Borough ..	292	119	149	—	268
—	Oswestry Borough ..	184	62	123	1	186
	Oswestry Rural	297	79	145	2	226
—	Shrewsbury Borough ..	949	575	426	6	1,007
	TOTAL ..	5,782	2,473	2,676	59	5,208

Reactions to Whooping Cough antigen may be sharp and even occasionally serious. It is felt that a child should not be given Whooping Cough antigen if it is febrile, if it is suspected of having a cold or otherwise being out of sorts, or if there is any history in the family of allergy such as eczema, or of convulsions or anomalous attacks which might be of nervous origin.

These dangers are real, but if such reasons suggest leaving a young baby unprotected, it may be some consolation to remember that the very young infant at risk may gain indirect protection if older children in the household are protected by (previous) immunisation, and that the Consultant Children's Physician some years ago expressed willingness to receive into hospital any other child developing Whooping Cough in a household where a new baby was expected shortly and if alternative accommodation could not be found.

Tetanus.—Protection against Tetanus was given in 1965 to 5,300 children under 5 years of age (3,073 of whom were immunised by general medical practitioners) and to a further 2,610 children between 5 and 14 years.

It has long been agreed that routine protection against Tetanus should be given to all, and especially to children in rural counties. This should prevent deaths from casual infections—there were 21 deaths from Tetanus in England and Wales in 1964.

Routine active immunisation with Tetanus Toxoid has been recommended because patients who sustain a wound likely to give rise to Tetanus and are treated with Antitoxin, may, especially if they have received it on some previous occasion, be subject to serum reaction, the dangers of which increase with repeated use of Antitoxin. Furthermore, the immunity conferred by Antitoxin is known to be short lived and such injections, if repeated, may not ensure adequate protection. Active immunisation with Tetanus Toxoid will obviate these dangers and provide sufficient protection.

Particulars of every child receiving a course of injections against Tetanus from the Council's medical staff are supplied to the family doctor in the form of a gummed slip for attaching to the child's medical records.

While the Whooping Cough antigen can cause upsets and even danger on occasion, we do not think that Tetanus antigen ever does; it should be remembered that we supply a combined Diphtheria-Tetanus antigen for primary or booster doses.

The following table shows the distribution in Local Authority areas of all children immunised in Shropshire during 1965.

Table 65: Children Immunised against Tetanus in the various County Districts

Area	Local Authority	Births 1965	Primary Immunisation—Children born in				Re-inforcing
			1965	1964—61	1960—50	Total	
North-West Combined Districts	Ellesmere Urban ..	51	24	22	26	72	47
	Ellesmere Rural.. ..	121	46	64	71	181	164
	Wem Urban	56	11	39	8	58	64
	Wem Rural	204	49	70	45	164	162
	Whitchurch Urban ..	101	37	47	34	118	148
North-East Combined Districts	Newport Urban ..	115	53	73	52	178	224
	Oakengates Urban ..	300	146	116	89	351	435
	Shifnal Rural	256	124	144	86	354	308
	Wellington Urban ..	314	140	148	133	421	393
	Wellington Rural ..	575	207	221	361	789	655
South-West Combined Districts	Atcham Rural ..	451	193	255	189	637	542
	Bishop's Castle Borough	20	17	21	27	65	74
	Church Stretton Urban	42	27	17	19	63	68
	Clun Rural	156	36	36	120	192	88
—	Dawley Urban	208	102	104	31	237	381
—	Ludlow Borough ..	127	51	57	35	143	79
—	Ludlow Rural	203	118	104	95	317	206
—	Market Drayton Urban	129	53	64	46	163	165
	Drayton Rural	198	54	96	35	185	217
—	Bridgnorth Borough ..	190	91	77	55	223	217
	Bridgnorth Rural ..	243	80	104	52	236	221
	Wenlock Borough ..	292	122	158	145	425	434
—	Oswestry Borough ..	184	63	125	130	318	271
	Oswestry Rural ..	297	81	148	153	382	330
—	Shrewsbury Borough ..	949	600	465	573	1,638	1,354
	TOTAL ..	5,782	2,525	2,775	2,610	7,910	7,247

Vaccination against Poliomyelitis.—Protection against Poliomyelitis is available to all persons up to the age of 40 years, and also to special classes comprising in the main persons generally at risk through contact with the public. Sabin (oral) vaccine has been primarily used and preferred by the recipients, although a small supply of Salk vaccine is also available for those who wish it. In some cases, general practitioners have used quadruple vaccine (Quadrilin), giving simultaneous protection against diphtheria, whooping cough, tetanus and poliomyelitis, for the primary immunisation of infants, but this is obtained on prescription and is not supplied by the Local Health Authority.

Sabin vaccine can be administered to those who have had two injections of Salk not more than 10 to 12 months previously—two doses being given at a month's interval.

The table following shows the numbers of persons who received primary courses of one or other vaccine during 1965:

Table 66: Persons receiving Primary Immunisation

Vaccinated by	Born in								Total	
	1965		1964—61		1960—50		Before 1950			
	S or Q	O	S or Q	O	S or Q	O	S or Q	O	S or Q	O
County Council Medical Officers	—	878	1	2,504	1	304	—	333	2	4,019
General Medical Practitioners	70	649	154	1,729	14	165	—	—	238	2,543
TOTAL ..	70	1,527	155	4,233	15	469	—	333	240	6,562

S or Q = Salk or Quadrilin. O = Oral

As the above table shows, 1,597 babies born in 1965 received primary protection against Poliomyelitis in that year, representing 55 per cent of those eligible, accepting that immunisation is not started until the age of six months. With the adoption late in 1965 of the amended procedure of giving oral vaccine concurrently with triple antigen at 2, 3 and 4 months, it is hoped that the protection rate will be increased.

Fourth doses continue to be made available to children between 5 and 12 years, and visits were made to schools for this purpose throughout 1965 in conjunction with other immunisations. Fourth doses have also been available since May, 1963, to the following:

> General Practitioners, Ambulance Staff, Medical Students, practising dental surgeons and others who come into contact with dental patients, practising nurses, other hospital staff who come into contact with patients, public health inspectors who may come into contact with poliomyelitis cases, the families of all these and also persons travelling or residing abroad except Canada and the United States of America.

Fourth doses may also be given to other persons who have been or are likely to be in contact with cases and therefore considered at risk, i.e. neighbours, close friends and relatives.

Sabin vaccine was generally provided for fourth doses, although persons who so desired were given Salk.

The following table shows the numbers of persons recorded as having received fourth (or booster) doses in 1965:—

Table 67: Persons receiving Booster Doses

Vaccinated by	1964—61		Born 1960—50		Before 1950		Total	
	S or Q	O	S or Q	O	S or Q	O	S or Q	O
County Council Medical Officers ..	1	38	2	2,404	—	190	5	2,632
General Medical Practitioners	69	200	57	1,168	—	—	126	1,368
TOTAL ..	70	238	61	3,572	—	190	131	4,000

In the absence of demand from the public, no evening sessions were held in 1965 and no visits made to industrial undertakings. Thirteen visits were, however, made to H.M. Prisons at Shrewsbury and Stoke Heath, where 607 doses of oral vaccine were given.

General.—The following table shows the percentages of children vaccinated in Shropshire, together with the equivalent national figures:—

Table 68: Vaccination and Immunisation State

	Children born in 1964			Smallpox (Children under 2)
	Whooping Cough (1)	Diphtheria (2)	Poliomyelitis (3)	(4)
England and Wales ..	70	71	65	33
Shropshire	78	79	74	49

The figures of columns (1) to (3) show the percentage of children born in 1964 who have been vaccinated at any time.

Column 4 includes only children who were vaccinated during 1965 and were under 2 years old at the time, and is calculated as a percentage of children born during 1964. This is considered to give a reasonable estimate of the proportion of young children being vaccinated against Smallpox.

Vaccination against Yellow Fever.—Travellers to certain countries in the East and in South America are required, as a condition of entry, to produce an International Certificate of Vaccination against Yellow Fever.

Facilities for such vaccination were, until 1st July, 1960, provided under Part II of the National Health Service Act, 1946, as part of the Hospital and Specialist Services at nineteen Regional Blood Transfusion Centres throughout the Country.

In Circular 19/59, the Ministry of Health informed Local Health Authorities that a type of freeze-dried vaccine had been developed suitable for storage in an ordinary refrigerator and asked whether Authorities would be prepared to provide this Service as part of their arrangements for the prevention of illness under Section 28 of the Act, the intention being to designate some forty Local Authority Centres for this purpose.

In the light of the geographic situation of Shrewsbury, in relation to existing vaccination centres at Birmingham and Liverpool, and being the road and rail junction for Wales, the Health Committee agreed to provide this service and following confirmation by the Minister of Health the Council's proposals under Part III of the Act were amended accordingly.

From the 1st July, 1960, therefore, the County Health Department has been a designated Yellow Fever Vaccination Centre where travellers are vaccinated by appointment and an International Certificate issued. A fee of fourteen shillings is payable for each vaccination irrespective of whether the traveller resides in the County or elsewhere.

By the end of 1964, 607 persons had been vaccinated against Yellow Fever at this Department and a further 200 vaccinations were undertaken during 1965.

Travellers and their family doctors are asked to take note that the accepted time for Yellow Fever immunisations is 3.0 o'clock in the afternoon of the first and third Mondays in the month. Attendance must be preceded by appointment, but, in cases of emergency, an attempt will be made to provide the service at other times if notice is given, preferably by enquiry which is best made at about 9.15 a.m.

County Central Syringe Service.—After considering the implications of the most up-to-date information on the preparation and sterilisation of syringes and needles, the Health Committee in 1960, authorised the provision of a central syringe service unit, which commenced operation in April, 1961.

The Service was designed to produce up to 300 outfits per day, each outfit consisting of a lubricated interchangeable syringe with needle mounted, enclosed in an aluminium tube with a cotton wool swab at the open end; the tube is sealed with a heavy aluminium foil cap and sterilised for not less than one hour at a temperature of not less than 160°C, the process being checked by chemical indicators. Following sterilization, a self-adhesive label is attached to the cap of each tube indicating that the outfit is sterile and bearing the batch number. In this way the indication of sterility is automatically removed to extract the syringe, so that used and unused items cannot be confused during mass immunisation sessions. No rinsing is required on the part of the user if the outfits are returned to the unit on the day of use. The used syringe (with needle still mounted) is returned to its tube after use.

When received back in the syringe unit the items are dismantled—tubes, syringe barrels and pistons into separate polythene bowls and neeedles into pads of cellulose foam to protect the points. The dismantled items receive a preliminary rinse in cold water to remove traces of injection material, following which they are left in a very hot weak solution of Sapo Mollis B.P. for at least ten minutes. Syringe barrels are cleaned by a rotary brush, pistons by soaking and hand brushing where necessary; and mounted in wire trays wherein they are conveyed to a rinsing tank and rinsed with five complete changes of water at 180°F., some two hundred syringes completing this latter procedure in less than fifteen minutes. Needles are cleaned by "hubbing" on a rotary nylon brush, then washed through with hot soap solution and rinsed in hot clean water.

All components are dried in a hot air cabinet, following which the needles are subject to individual microscopic inspection and any defective point is reshaped by using a "lead lap" needle sharpener (needles repointed in this way are, of course, returned to the washing procedure before use); syringes are lubricated with a silicone fluid and the components re-assembled for sterilization.

Following these proceedings the assembled syringe and needle is sealed before sterilization and is, thereafter, not subject to handling or aerobic contamination until the outfit is opened for use.

During the first eight months' operation to the end of 1961, the service produced 53,810 outfits but, towards the end of that period, two significant factors (a national shortage of Salk poliomyelitis vaccine and the impending re-introduction of "Triple" Antigen) led to a marked reduction in the demand for sterile injection outfits and this trend continued with the introduction of Sabin oral vaccine for poliomyelitis early in 1962.

The combined effect of these events resulted in a decision of the Health Committee that the unused capacity of the Syringe Service should enhance the efficiency of the Home Nursing and Midwifery Service by the provision of sterile injection outfits for domiciliary use.

Starting in August, 1962, with a pilot scheme in the Borough of Shrewsbury, the provision of these outfits for nurses and midwives has been gradually extended until, at the end of 1965, the service was catering for 60 nurses in 30 districts (representing 65% of all our nurses and 55% of our nursing districts), in addition to covering all immunisation and clinic work undertaken by the Department.

The output of the central unit during 1965 was 58,942 outfits (2,550 more than in 1964).

AMBULANCE SERVICE

Report of the County Ambulance Officer

Each year it falls to the writer of any annual report to clothe the figures, which may tell the initiated all they need to know, with the substance to make them intelligible and interesting to those who know less about the report's background.

The National Health Service Act, 1946.—Under Section 27 of this Act Local Health Authorities are responsible for ensuring that "ambulances and other means of transport are available, where necessary, for the conveyance of persons suffering from illness or mental defectiveness or expectant or nursing mothers from places in their area to places in or outside their area".

The National Health Service (Amendment) Acts, 1949 and 1957.—The National Health Service (Amendment) Act, 1949, modified the original definition of responsibility (where the need arises) in that the Local Health Authority from whose area a patient has been admitted to hospital is required to bear the cost of ambulance facilities for the return journey on the patient's discharge if this occurs within three months from the date of admission. As a result of this amendment our gains and losses approximate very closely.

The National Health Service (Amendment) Act, 1957, enables Local Health Authorities to make a charge for providing ambulances to stand by at sports meetings, and to claim reimbursement from firms engaged in certain specified industries which, like the National Coal Board, have a statutory obligation to ensure that ambulance transport is available. The decision to provide ambulances for purposes outside the National Health Service Act is still one for the Local Health Authority and is dependent upon the availability of vehicles and other factors, because the Ambulance Service establishment cannot be increased to meet these extraneous needs. During 1965 the Ambulance Service was reimbursed to the extent of £333 for attendance at industrial accidents and sporting events and for the conveyance of non-Section 27 cases under the powers conferred by this Amendment Act.

Operation.—The Ambulance Service in Shropshire has been operated from a Central Control almost from its inception. The Central Control room is situated in the Ambulance Service Headquarters, Abbey Foregate, Shrewsbury (Telephone No. Shrewsbury 6331), and is manned throughout the twenty-four hours. Vehicles are operated from the main central station at Shrewsbury and from subsidiary stations at Oswestry, Whitchurch, Market Drayton, Donnington, Much Wenlock, Bridgnorth and Craven Arms.

The success in Ambulance Service administration depends upon the tightness of control upon use of the Service and its costs.

Empire building as a means of demonstrating the importance of the Service is therefore very much against the interests of the Service and its officers.

In the Dickensian eyrie in which County Central Ambulance Control first operated was a humorous notice "The impossible we do today—miracles take a little longer", and there are times of pressure when this is almost true—hence we may perhaps be excused impatience with Departments, firms and public bodies of pedestrian outlook.

The stress on the Control Room is at times very real and tends to show. One of our Regional neighbours is introducing a computor type Control Console and in conjunction with the extensions proposed to our Ambulance Service Headquarters, consideration will have to be given to the provision of any mechanical or electronic aids which can ease the burden.

Communications.—To this end the best means of communications available are desirable, more precisely we must install the best within our financial means. It had been hoped that an automatic switchboard would have been installed to help cope with the increasing traffic and replace the internal telephone system lost with the occupation of the new Shirehall, but this is still awaited.

The Service has installed telephones and/or alarm bells in the homes of 20 of the staff to cope with "on call duty" and the manning of the Service in a major emergency.

It would be impossible in present conditions to operate without radio telephones. The Service uses 42 mobile sets with transmitters at Abdon Burf in the Brown Clee Hills and at Lyth Hill.

Roads.—Mention of communications inevitably reminds us that road communications which are worsening all the time with the constant increase in road traffic and congestion in the larger towns make attendance at accidents more and more difficult.

Road users by and large will give way to an emergency vehicle if they have anywhere to move to, and if they hear or see the vehicle. With reluctance the ambulance bell is being replaced in this County by the more strident two-tone horns increasingly heard. Frequently we call upon the Police to clear the road for an ambulance on an urgent journey to hospital—help willingly given by our own or any Police Force.

One of the places where the build-up of traffic and the parking of cars causes concern is in the immediate vicinity of Ambulance Service Headquarters in Abbey Foregate, Shrewsbury, where the advent of the new ring road, the opening of the new Shirehall and the popularity of a supermarket have intensified the difficulties. It is believed that the Shrewsbury Borough Council are sympathetic to the problem and will try to alleviate it when framing new parking regulations.

Helicopters.—Much publicity has been given to the use of Royal Air Force helicopters for emergency ambulance work, but the writer shares the view of the County Medical Officer of Health that on the open road using pre-selected routes and with a Police escort the tremendous cost of the helicopter is not justified by the theoretical advantage in time thus gained.

If medical factors other than time urgency justify the use of helicopters then the authority of the County Medical Officer of Health is required before the Royal Air Force will undertake the task.

R.A.F. Medical Services do not themselves advocate helicopters for ambulance transport, and say they should only be used "in the last resort."

New Stations.—Whilst the encroachment on the pleasant frontage of Headquarters by an alien bungalow is regarded with regret, on the other side of the coin the opening of the attractive and functional new Ambulance Station at Craven Arms at the end of the year was a noteworthy event. Under the leadership of Station Officer J. E. Murphy an excellent team has been mustered and despite the misgivings in some quarters it is expected that the new station will be an acquisition to its neighbourhood and community. The majority of the men engaged had served in a part time

capacity at the Ludlow Depot for many years and this is the opportunity to thank them, and particularly Mr. R. C. Mellings of the Gravel Hill Garage, Ludlow, their former employer, who not only organised but also shared their activities, for the excellent Service given to the County Council since 1948. In these thanks must be included the part-time attendants who have helped us in greater or lesser degree over the same period, the whole under the general supervision of Mr. L. V. Atack, Clerk of the Ludlow Rural District Council and Local Ambulance Officer.

Training.—When we talk of training today we are concerned with far more than the obligatory current First Aid Certificate all operational staff must hold to qualify for full rate of pay.

Indeed for many years we in Shropshire have done much more in this field and have during the winter months had lectures and film shows given by experts in their particular spheres, whilst during the past two years all recruits and some existing staff have undergone an intensive course of one week's duration covering as many as possible of the various aspects of ambulance work. Except in periods of staff shortage one member of the staff has attended the Royal Salop Infirmary each week for a course of training of one week's duration in the various Departments of the Hospital.

In all this work we have been assisted by Hospital Consultants and Staff, the Police, Fire Service, County Superintendent Nursing Officer and others to whom we are very grateful. It is interesting to note in passing that amongst our own staff we have twelve members holding a Civil Defence Instructor's Certificate.

We are also interested in educating the public in First Aid and how best to help our staff in emergency. Lectures have been given to various bodies to this end, whilst officers have given organised courses of lectures to schools, scouts and a farmer's organisation. From our own resources we have made a display stand which can be erected rapidly at need at shows and exhibitions, and has proved of great interest when shown.

The Service was honoured by Dr. Hamar, now Chairman of the County Health Committee, who, in company with Dr. McCloy judged the County Competition in May. The event was won by a crew who had been with the Service for only a few months. At the Regional Competition they were placed fifth out of nine teams, a midway position showing credit to them and the training they had received.

Driving Awards.—The Service subscribes to the Royal Society for the Prevention of Accidents Safe Driving Competition and during the year the following awards were received for 1964:

Thirteen Diplomas
Two 1st Bars to 5-year Medals
Three 2nd Bars to 5-year Medals
Five 3rd Bars to 5-year Medals
Four 4th Bars to 5-year Medals
One 10-year Medal
Two 2nd Oak Leaf Bars to 10-year Medals
One 15-year Brooch (blue enamel centre)

Every recruit to the Service not only undergoes a medical examination but is subjected to a driving test by one of the Officers of the Service.

Co-operation with other Services.—The major emergency Services in the County, Police, Fire and Ambulance Services, continued harmonious, and it is hoped effective, co-operation. All share the frustration of false alarms, often made by children.

A major disaster scheme prepared jointly by Police and Hospital Authorities exists to deal with incidents which involve a large number of casualties. The Royal Air Force establishments at Shawbury and Tern Hill and their hospital at Cosford are always willing to give assistance or help with training within the limits imposed by their Service obligations.

Ranks.—There is no mandatory pattern of ranks throughout the Country, but by general agreement amongst Ambulance Officers, Local Authorities are being advised to adopt a common practice and in this County we have the following supervisory and control staff:—

Senior Controller
Assistant Controllers
Station Officers
Shift Leaders
Leading Drivers.

Civil Defence.—The Service has a Staff Instructor who is occupied not only with the whole-time staff training but with the organisation and training of the Ambulance and First Aid Section of the Civil Defence Corps.

Interest in Civil Defence is apathetic but nevertheless thanks to the efforts of one of our junior officers and some of the volunteers themselves additional recruits have been added during the year to the far too small number of members of this Section. At the time of writing the re-organisation of the Corps proposed by the Government is awaited. It is hoped that this will result in a closer integration in peace time of the professional Ambulance Service and the ambulance element of the Civil Defence Corps.

At the Civil Defence Competitions held at High Ercall in June, Ambulance Service personnel, whilst unable to compete against them, undertook the same test as the Civil Defence volunteers with very satisfactory results. The Sir John Corbet Cup was won by the Shrewsbury unit of the Ambulance and First Aid Section of the Civil Defence Corps.

Two courses and examinations for Local Instructors were held during the year and nine candidates obtained certificates. There was an increase in the number of outdoor exercises held, and courses in First Aid conducted by Assistant County Medical Officers were held at all active Centres for joint groups of whole time personnel and Civil Defence Volunteers.

Officers of the Service have attended courses at the Home Office School at Falfield.

Staff.—During the year two members of the operational staff resigned and one retired, and eight recruits entered the Service, four of the latter having formerly been employed as part-time Ambulance Drivers at the Ludlow Sub-Depot and transferring to the new Craven Arms Ambulance Station. The work is worthwhile for the man who is interested in people, and opportunities for advancement are available for the man prepared to make the effort. Three past members of our Service are Chief Officers elsewhere. The Institute of Ambulance Officers (of which the writer is the present Chairman) hold annual examinations for Diplomas in various grades, and endeavour to help the ambitious men (or women) in studying subjects which will enhance their progress. Members of the Shropshire Service are Students of the Institute.

The writer is convinced that there is a place for women in the Service and very conscious of the merits of the female members of the Shropshire Service.

The expected pronouncement of the Minister of Health on future policy in respect of training, equipment, and operation of the Service in the light of the Report of the Working Party appointed to consider these questions may well raise the standard and status of the ambulance man or woman considerably and progressively in the future.

Vehicles.—The Working Party under its terms of reference about equipment has also issued a questionnaire on vehicles with presumably the hope of standardisation. The vehicles at present in use in Shropshire are thought to be best suited in type and cost for our needs. Special vehicles for special purposes may be operationally desirable but they are seldom an economical proposition.

Extraneous Services.—The Service has for some years been re-imbursed for transport which is provided when required, and when within the capacity of the Ambulance Service to give it, for the conveyance of children requiring speech therapy or other special educational treatment. During the year 1965, the amount received in re-imbursement was £607.

Apart from the Ambulance Service, other drivers are attached to Service Headquarters for duties including the conveyance of Welfare Foods to distribution centres, towing Dental Service Mobile Clinics, and the daily transport of children to and from the Training Centre at Woodcote Way, Shrewsbury.

County Council Owned Health Service Cars.—The Ambulance Service Central Administration are responsible for the Council's motor cars used by District Nurses, Midwives and Health Visitors. At 31st December, 1965, such nursing cars numbered 77.

Statistics.—Statistical tables showing the establishment of vehicles and personnel and the work carried out by the Ambulance Service during 1965, with a comparison with the previous year or years, are set out in the following pages.

W. WALKER,
County Ambulance Officer.

Table 69: Establishment of Ambulances, Dual-purpose Vehicles and Sitting-case Cars

Ambulance Stations	At 31st December							
	Ambulances		Dual-purpose Vehicles		Sitting-case Cars		Total Vehicles	
	1964	1965	1964	1965	1964	1965	1964	1965
Shrewsbury	14	16	5	4	3	4	22	24
Oswestry	5	5	1	1	—	—	6	6
Whitchurch	2	2	1	1	—	—	3	3
Market Drayton	1	1	—	—	—	—	1	1
Donnington and Shifnal ..	4	5	5	4	—	—	9	9
Wenlock	—	—	1	1	—	—	1	1
Bridgnorth	2	2	—	—	—	—	2	2
*Ludlow	4	—	1	—	1	—	6	—
Craven Arms	—	5	—	1	—	—	—	6
Bishop's Castle	1	—	—	—	—	—	1	—
TOTAL ..	33	36	14	12	4	4	51	52

*Transferred to Craven Arms in December, 1965

Table 70: Establishment of Ambulance Service Personnel on 31st December

Year	Full-time		Part-time (in terms of full-time)			Personnel Employed			Total	Maximum Authorised Full-time Establishment
	Driver-Attendants	Attendants	Driver-Attendants	Attendants		Driver-Attendants	Attendants			Driver-Attendants
	M	F	M	M	F	M	M	F		
1964	48	5	10	4	8½	58	4	13½	75½	95
1965	55	5	5½	3	10	60½	3	15	78½	95

Table 71: Deployment of Ambulance Service Personnel

Ambulance Stations	31st December, 1964					31st December, 1965				
	Full-time		Part-time			Full-time		Part-time		
	Driver-Attendants	Attendants	Driver-Attendants	Attendants		Driver-Attendants	Attendants	Driver-Attendants	Attendants	
	M	F	M	M	F	M	F	M	M	F
Shrewsbury	28	5	—	—	4	30	5	—	—	3
Oswestry	8	—	2	6	2	7	—	2	6	1
Whitchurch	1	—	3	1	1	1	—	3	1	1
Market Drayton ..	—	—	3	—	1	—	—	3	—	2
Donnington and Shifnal	9	—	1	—	4	9	—	1	—	6
Wenlock	—	—	1	1	2	—	—	1	—	2
Bridgnorth	2	—	1	—	2	2	—	1	—	2
*Ludlow	—	—	8	1	7	—	—	—	—	—
Craven Arms	—	—	—	—	—	6	—	—	1	5
Bishop's Castle	—	—	2	—	—	—	—	—	—	—
TOTAL ..	48	5	21	9	23	55	5	11	8	22

*Replaced by Craven Arms in December, 1965

Table 72: Work performed by Ambulances and Sitting-case Cars

Year	Ambulances		Cars		Women's Voluntary Services and other Supplementary Services		Total	
	Patients	Mileage	Patients	Mileage	Patients	Mileage	Patients	Mileage
1956	49,293	645,406	18,382	323,616	1,690	39,571	69,365	1,008,593
1957	50,314	625,079	16,466	276,133	1,908	47,795	68,688	949,007
1958	58,951	692,059	14,526	252,725	1,745	39,550	75,222	984,334
1959	68,352	792,449	12,601	217,732	2,219	48,132	83,172	1,058,313
1960	78,899	845,703	13,708	215,323	2,556	61,619	95,163	1,122,645
1961	84,007	886,018	12,791	193,912	4,128	87,466	100,926	1,167,396
1962	93,685	939,449	10,406	155,133	5,160	81,228	109,251	1,175,810
1963	101,455	997,457	10,478	150,124	4,568	72,149	116,501	1,219,730
1964	102,054	1,039,832	8,125	122,712	5,121	91,694	115,300	1,254,238
1965	109,326	1,078,730	6,334	87,944	7,143	138,131	122,803	1,304,805

NOTE: For statistical purposes dual-purpose vehicles have been counted as ambulances

Table 73: Work performed by Ambulance Stations

Ambulance Station	Journeys	Patients	Mileage	Staff (i.e. drivers and attendants as at 31st Dec., 1965 in terms of whole-time personnel)
Shrewsbury	21,733	47,549	467,395	36.13
Oswestry	2,771	17,049	159,836	9.97
Whitchurch	1,692	7,945	82,822	4.42
Market Drayton ..	544	3,394	35,649	2.25
Donnington	4,078	18,953	181,433	11.92
Shifnal	859	2,779	30,537	1.79
Wenlock	460	1,810	20,658	0.94
Bridgnorth	1,282	6,694	62,844	3.32
*Ludlow	3,172	9,361	123,280	—
Craven Arms	35	126	2,220	7.62
TOTAL ..	36,626	115,660	1,166,674	78.36

*Replaced by Craven Arms in December, 1965.

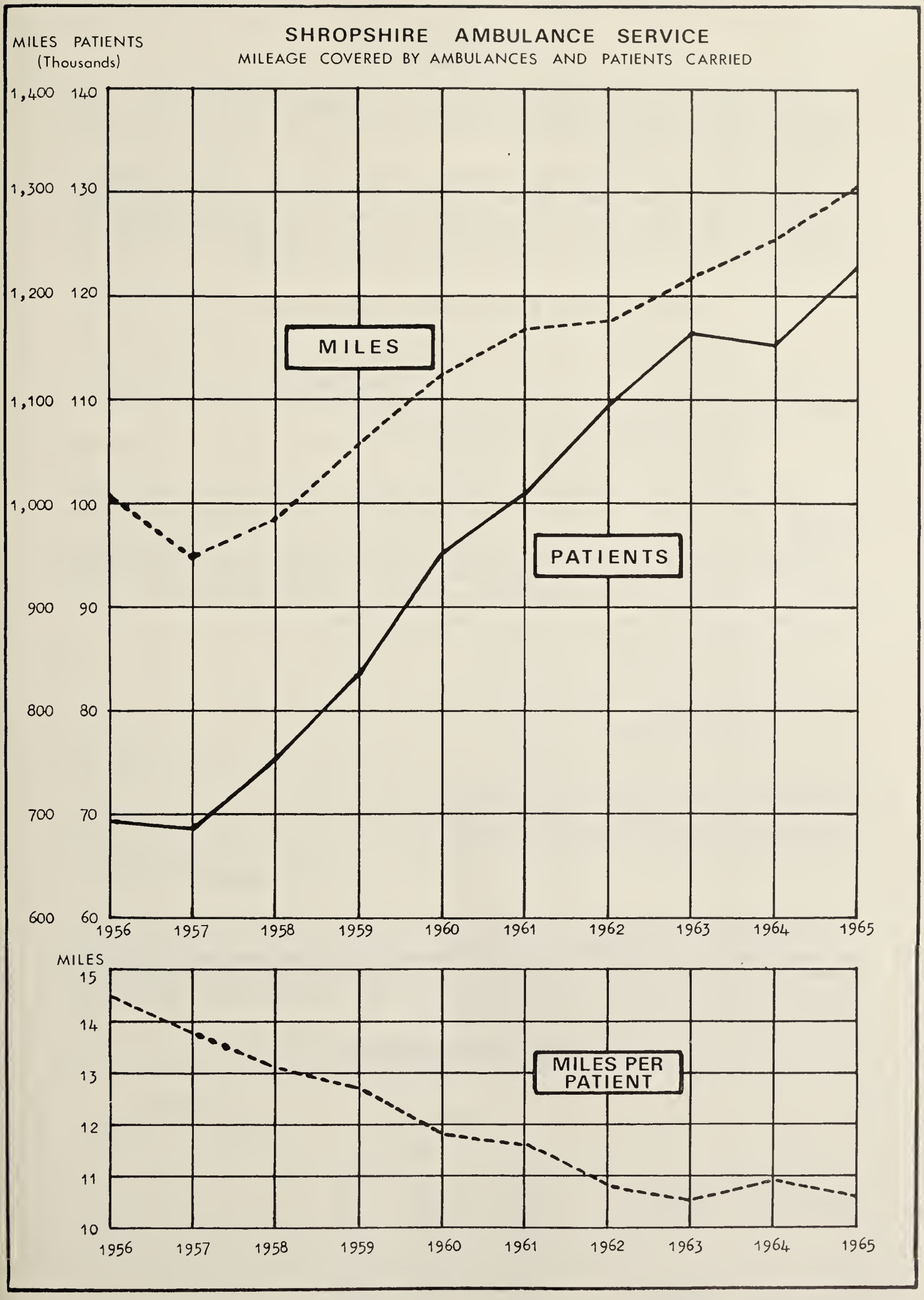
Table 74: Categories of Patients Conveyed

Maternity	1,442
Mental	321
Accident	2,410
Infectious	77
General	118,553
TOTAL ..	122,803

Table 75: Patients carried and Mileage covered

Year	Patients	Mileage	Mileage per patient
1956	69,365	1,008,593	14.5
1957	68,688	949,007	13.8
1958	75,222	984,334	13.1
1959	83,172	1,058,313	12.7
1960	95,163	1,122,645	11.8
1961	100,926	1,167,396	11.6
1962	109,251	1,175,810	10.8
1963	116,501	1,219,730	10.5
1964	115,300	1,254,238	10.9
1965	122,803	1,304,805	10.6

NOTE.—Six more vehicles were equipped with radio-telephones during 1965, making a total of 42 vehicles so equipped out of 52.


SHROPSHIRE AMBULANCE SERVICE
MILEAGE COVERED BY AMBULANCES AND PATIENTS CARRIED
MILES
(Thousands)
PATIENTS
1,400
1,300
1,200
1,100
1,000
900
800
700
600
140
130
120
110
100
90
80
70
60
MILES
PATIENTS
1956
1957
1958
1959
1960
1961
1962
1963
1964
1965
MILES
15
14
13
12
11
10
MILES PER PATIENT

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

The powers of the Local Health Authority to make arrangements for the prevention of illness and the care and after-care of sick persons are permissive, except where otherwise directed by the Minister of Health; and in respect of persons suffering from Tuberculosis, the Minister has directed that such arrangements shall be obligatory.

Tuberculosis

Administration.—Under an arrangement with the Birmingham Regional Hospital Board, two-elevenths of the time of two Chest Physicians is made available to the Council for prevention and after-care purposes and for this service the Board is reimbursed with an equivalent proportion of the Chest Physicians' salaries.

The domiciliary visiting of persons whose names are included in the Tuberculosis Registers is undertaken by whole-time Health Visitors employed by the County Council; a whole-time Tuberculosis Health Visitor is based at the Shrewsbury Chest Clinic, where she undertakes work on behalf of the Shrewsbury Hospital Management Committee in addition to her visiting duties, an appropriate portion of her salary being borne by the hospital authorities.

REPORT OF THE CONSULTANT CHEST PHYSICIAN

(The figures given in brackets are the corresponding figures for 1964)

During the year 41 (50 in 1964) persons were notified as having Respiratory Tuberculosis.

Of these 4 (3) were diagnosed as a result of examination of contacts.
4 (3) were immigrants from the Commonwealth.
1 (2) was diagnosed following being found to have a positive Mantoux Tuberculin Test when tested at the age of 13 at School.

Of this total of 41 newly notified cases, tubercle bacilli were obtained from 15 who were thus shown to have been actually or potentially infectious, whilst 26 were not thus proved bacteriologically.

Whilst this figure of 41 is again an improvement on the preceding year and indeed the lowest recorded figure, it again points out that newly diagnosed cases of Pulmonary Tuberculosis are still occurring to a significant extent and are likely to continue to do so for some years yet.

The sex and age incidence of this total is interesting in that:—

28 were Males.
20 over the age of 40
8 under the age of 40 (2 under 20)

13 were Females.
7 over the age of 40
6 under the age of 40 (1 under 20)

This again illustrates the now well-known fact that Respiratory Tuberculosis is found to be affecting most commonly Males over the age of 40.

Of four deaths recorded as being attributable to Respiratory Tuberculosis two were Males aged 64 and 65 and two were females aged 41 and 54.

A. T. M. MYRES,
Consultant Chest Physician.

Mass Miniature Radiography.—Visits to this County for the purposes of public, industrial and school surveys were made during 1965 by the Mass Miniature Radiography Units from Wolverhampton and Stoke-on-Trent; and the following results of these surveys have been supplied through the courtesy of Dr. J. T. Hutchison and Dr. E. Posner, Medical Directors of the Wolverhampton and Stoke-on-Trent Units respectively.

Table 76: Mass Radiography Results

Unit	Sessions	Persons X-rayed			Tuberculosis			
					Active		Inactive	
		M	F	Total	M	F	M	F
WOLVERHAMPTON	Public	51	48	99	—	—	—	1
	Industrial	2,124	1,207	3,331	2	—	10	7
	G.P. Referrals ..	1,244	1,351	2,595	4	2	15	10
	TOTAL ..	3,419	2,606	6,025	6	2	25	18
STOKE-ON-TRENT	Public	302	316	618	1	—	4	2
	Industrial	526	807	1,333	1	—	2	3
	G.P. Referrals ..	380	325	705	1	1	1	7
	TOTAL ..	1,208	1,448	2,656	3	1	7	12

The 12 cases of active or clinically significant Tuberculosis discovered in the 8,681 persons investigated gives a rate of 1.38 cases per 1,000. This seems a very low figure when one considers that about 38 per cent of those investigated were sent because they were suspect and produced 8 cases of active Tuberculosis—a rate of 2.4 per 1,000 for this particular category.

The table below shows the cases of non-tuberculous abnormalities discovered by the Units during their visits to Shropshire in 1965:

Table 77: Other Conditions

Condition or Abnormality	Wolverhampton Unit			Stoke-on-Trent Unit		
	Males	Females	Total	Males	Females	Total
Non-tuberculous fibrosis, emphysema and pleural thickening	32	10	42	19	6	25
Inflamatory lesions	33	17	50	14	9	23
Bronchiectasis	5	—	5	4	3	7
Abnormality of diaphragm	1	—	1	3	2	5
Cardio-vascular lesions	25	20	45	10	9	19
Congenital abnormality of bony thorax / Acquired condition of ribs	7	7	14	2	—	—
Pneumoconiosis	5	—	5	—	—	—
Enlarged thyroid gland	1	3	4	2	1	3
Sarcoidosis	1	2	3	—	—	—
Bronchial carcinoma	12	2	14	2	—	2
Metastases in lung	1	2	3	—	—	—
Old rib fracture	—	—	—	1	—	1
Miscellaneous	1	1	2	2	6	8
Cases referred for further investigation and on whom a final diagnosis has not yet been reached	5	—	5	2	—	2
TOTAL	129	64	193	61	36	97

Medical Arrangements for Long-stay Immigrants.—Following consultation with representatives of the medical profession and of local authorities, the Chief Medical Officer of the Ministry of Health early in the year advised Local Health Authorities and all General Practitioners of arrangements designed to meet some of the problems which arise in connection with the health and treatment of long-stay immigrants to the United Kingdom.

All long-stay immigrants, both Commonwealth and alien, are provided at the port or airport of arrival with a "hand-out" card printed in six languages giving brief information of the medical services available in this country and advising registration with a doctor.

Port and Airport Health Authorities should notify Medical Officers of Local Health Authorities of immigrants proceeding to their areas, for follow-up with a view to ensuring registration with a general practitioner and offering the advantages of the Mass Radiography Service and B.C.G. vaccination scheme.

In consultation with the Local Medical Committee and the Consultant Chest Physician, local arrangements were made in 1965 for each immigrant in respect of whom an advice note is received to be visited by a Health Visitor who, in addition to giving general advice, gives an appointment to attend the nearest Mass Radiography Unit for chest X-ray. A form of consent for mantoux testing and B.C.G. vaccination if necessary, is completed at the same time and includes particulars of other occupants of the premises together with the name of the general practitioner concerned.

This completed form of consent with a copy of the X-ray report which the County Medical Officer receives from the Mass Radiography Unit is then forwarded to the Consultant Chest Physician, who then arranges mantoux testing, B.C.G. vaccination and any necessary follow-up of the immigrant or his immediate associates. A copy of the X-ray report is also sent to the general practitioner concerned.

The number of advice notes received from Port and Airport Health Authorities and of the number of successful visits made to immigrants are required by the Ministry of Health by way of quarterly returns, and the following table contains particulars of the work done during the year.

Table 78: Medical Arrangements for Long-stay Immigrants

Country where Passport was issued	Advice Notes received	Visited during 1965	Left County before visit	Not Traced	Visits not necessary	Visited during 1966	Notifications of Tuberculosis (Respiratory)
Commonwealth Countries							
Caribbean	26	20	2	1	2 Hospital Staff	1	—
India	9	8	1	—	—	—	—
Pakistan	4	3	1	—	—	—	1
Other Asian	—	—	—	—	—	—	—
African	3	3	—	—	—	—	—
Other	—	—	—	—	—	—	—
Non-Commonwealth Countries:							
European	57	41	10	3	—	3	2*
Other	13	11	1	—	1 (returned home)	—	—
TOTAL ..	112	86	15	4	3	4	3

*Arrived in U.K. December, 1965, and notified as suffering from tuberculosis in February, 1966.

It is of interest to note that, of the three cases of Pulmonary Tuberculosis discovered, one—a Commonwealth immigrant—was detected by the Mass Radiography Service. The other two (suspected) cases arose in a young married couple of European origin who were cleared on original X-ray but subsequently had large positive mantoux reactions when tested at the Chest Clinic. Full chest X-rays showed what looked like very early tuberculous infections in both man and wife. They were persuaded to enter hospital for an initial course of treatment and this was continued after their discharge. They continued well and the results were regarded as satisfactory and the efforts on their behalf as having been well worth while.

It will be seen that the figures in the table seem relatively satisfactory. Salop's influx of immigrants from afar is relatively small in contrast with many of our industrial neighbouring Local Health Authorities. In the case of a number of the latter in the Birmingham Region, the Medical Officers of Health feel that the present system of notification is not proving satisfactory in practice. They complain that notifications are incomplete and some of the addresses given prove fictitious or non-existent. Moreover, cases of Tuberculosis are being notified in immigrants, and in a high proportion of such cases the advent or arrival of the immigrant had never been notified at all. This is obviously disturbing and it is the intention of Medical Officers of Health of the Local Health Authorities to give such happenings the attention they deserve.

Domestic Help.—Tuberculous persons are included amongst those provided with the services of Home-Helps and during 1965 assistance was supplied through the Council's Domestic Help Service in 8 cases. Only those Home Helps who volunteer are employed in tuberculous households and they are paid 2d. per hour extra (*vide* page 68).

B.C.G. vaccination is offered to Home Helps willing to attend tuberculous cases. Twenty-five Home Helps had chest X-rays, none with significant findings.

Open-air Shelters.—The distribution on 31st December, 1965, of the 27 shelters owned by the County Council was as follows:

At Patients' homes	14
In store	13

B.C.G. (Bacillus Calmette-Guerin) Vaccination.—B.C.G. vaccination against Tuberculosis can be given to infants and other young contacts of tuberculous patients and to those who are at special risk by reason of their occupation.

During 1965 a total of 245 persons received vaccination at the Chest Clinic, the greater number of whom were child contacts of tuberculous relatives. This figure compares with 185 for the previous year.

B.C.G. Vaccination of School Children.—Vaccination is also given, with parental consent, to:

(*a*) school children in the year preceding their fourteenth birthday;

(*b*) children of 14 years and upwards who are still at school and students at universities, teacher training colleges, technical colleges and other establishments for further education; and

(*c*) whole school classes, which may include a few children under 13 years, for convenience.

A complete service is offered annually to Schools for the vaccination of 13 year olds as well as older children who may have missed vaccination or whose parents have previously refused it, so that every eligible child is done whose parents accept vaccination.

The following are the particulars of schools visited for B.C.G. vaccination purposes during 1965, with the comparative figures for 1964.

Table 79: B.C.G. Vaccination in Schools

	Maintained and Grant-aided schools		Independent Schools	
	1965	1964	1965	1964
Schools visited	34	54	17	23
Children tested	2,248	3,089	276	454
Reactors—positive	145	222	28	58
negative	1,963	2,751	242	394
Not read	140	116	6	2
Children vaccinated	1,925	2,714	232	385
Negative reactors not vaccinated	38	37	10	9

The acceptance rate for B.C.G. vaccination for 1965 was 93 per cent.

In addition, special surveys were made at two schools where children had been in contact with known cases of Tuberculosis:

	Tested	*Positive Reactors*	*Negative Reactors*	*Not Read*	*Negative Reactors Vaccinated*
Children (all ages) ..	513	44	428	41	—*

*The majority of the negative reactors were pupils under 13 years and therefore too young for vaccination. They will be retested when they reach 13 years of age.

Mass Radiography.—Appointments for chest x-ray by Mass Radiography are offered to all positive reactors and also to their home contacts. In addition, since February, 1964, arrangements have been made for those pupils who have had large Mantoux positive reactions (induration 15 mms. and above) to have follow-up x-rays four months and sixteen months after their initial chest x-ray. During 1965, 70 such large positive reactors were referred for follow-up x-rays.

The table below summarises the results of all cases investigated by the Stoke-on-Trent and Wolverhampton Mass Radiography Units.

	Pupils	*Home Contacts*	*Staff*
Cases investigated	726	180	76
Recalled for large film examination ..	11	3	2
Cases of tuberculosis discovered	—	1	1

The one case found among the home contacts was notified as suffering from active pulmonary tuberculosis following his x-ray as a contact of his son who had a Mantoux positive reaction.

Included in the above figures are 536 children and 76 staff from the two schools at which special surveys were made. Nine children and two members of staff were recalled for large film examination.

Six of these latter children were found to have no abnormality; one was an old case of tuberculosis removed from the register in 1963 and now found to have remained quiescent; one was suffering from an acute pneumonitic condition now satisfactorily resolved and the diagnosis in the remaining cases was bronchiectasis.

Of the two members of staff, one was found to have no abnormality and the other proved to be suffering from respiratory tuberculosis and was admitted to hospital for treatment.

Central Registers.—The position with regard to cases on the Tuberculosis Registers during 1965 was as indicated in the table following, with comparative figures for the previous year:

Table 80: Tuberculosis Registers

		1965		1964	
		Respiratory	Non-Respiratory	Respiratory	Non-Respiratory
On register on 1st January		1,148	249	1,232	263
ADDED:	New cases	41	15	50	11
	Transfers in	21 — 65	1 — 17	19 — 73	— — 11
	Restored to register	3	1	4	—
REMOVED:	Cured	105	31	106	15
	Non-tuberculous	1	1	2	1
	Died (all causes)	23 — 148	3 — 37	28 — 157	3 — 25
	Transfers out	19	2	20	5
	Lost sight of	—	—	1	1
On register on 31st December		1,065	229	1,148	249

On 31st December, 1965, the 1,065 persons on the Register of Respiratory cases were distributed as follows:

Under domiciliary supervision by Health Visitors	761
Not requiring supervision	271
In hospitals and sanatoria, as listed below	21
In Shelton Hospital, having treatment apart from Tuberculosis	12
	1,065

Table 81: Patients in Hospitals and Sanatoria

Cross Houses Hospital	9
Wrekin Hospital	8
Shelton Hospital	4
	21

Extra Nourishment.—Up to two pints of milk per day are supplied on the recommendation of the Chest Physicians to necessitous patients suffering from Respiratory or Non-respiratory Tuberculosis and during 1965 assistance was given in this way to 78 cases.

Shropshire Tuberculosis Care Committee.—The voluntary committee was formed in 1956 for the purpose of rendering assistance to necessitous tuberculous cases and their families in supplementation of statutory help. Income has been largely derived from the sale of Christmas Greeting seals and donations, but during 1964 and 1965 funds were also raised at a dance and by the sale of Christmas cards.

During 1965, the case committee met on 9 occasions and approved assistance in a variety of ways to 46 cases (of whom 9 were new ones) at a cost of £394, compared with 71 cases and £658 during the previous year.

Health Education

Mr. H. Harris, Health Education Officer, reports as follows:—

Health Propaganda.—The demand for illustrated talks continues to increase and to be intensified by the success of the new "Personal Relations" venture. All requests for talks have been met and there is again a considerable increase in the numbers of talks delivered.

Our work has been done in schools, child welfare centres and with adult groups. The most popular topics have been personal and food hygiene, dental health, nutrition, spread of infection, general health and hygiene, home safety and personal relationships.

Education designed to improve standards of health and promote reactions must begin at the higher levels and filter downwards. It is a slow process and not easily measurable, but an appreciation of the essentials of healthy living is vital to the individual and the community. To be generally acceptable talks must be brief and illustrated, entertaining and informative and therefore stimulating. The enthusiasm of the speaker is infectious.

Talks.—The following table shows the numbers of formal talks given and of the persons concerned in them. Wherever practicable films, film strips, slides, flannelgraphs or other illustrations were used by speakers and it seems pointless to attempt any distinction between supported and unsupported talks when in fact the majority had film support.

A total of 566 talks was given by 37 individual speakers to a total audience of 29,575. The Health Education Officer and Lecturer were concerned in appreciably more than the numbers of talks (and audiences) shown against their designations. As compared with the previous year there has been an increase of 180 per cent in the numbers of talks and 160 per cent in the numbers of the individuals who received them.

Table 82: Health Education Talks

Given by	Lecturers	Talks delivered			Numbers in audience
		Total	In Schools	Elsewhere	
Assistant County Medical Officers ..	12	73	47	26	5,388
Dental Officers and Hygienists	6	285	281	4	11,272
Health Visitors and Nurses	15	63	6	57	1,060
Health Education Lecturer	1	111	99	12	9,527
Health Education Officer	1	24	2	22	1,518
Others	2	10	—	10	810
TOTAL ..	37	566	435	131	29,575

Displays.—At the Shropshire and West Midland, the Oswestry and the Burwarton Agricultural Societies' Shows (the former a two-day show and the latter two of one day's duration), stands were taken to illustrate aspects of the work of the Health Department.

At the former were featured the vaccination and immunisation services, the audiology service and the home nursing (loaned equipment) service. The latter two were devoted to the County dental facilities available to expectant and nursing mothers, infants and school children. Films were shown at all three stands and the Oswestry exhibit gained an award.

"**Learning to Live**".—Help is afforded to adolescents by the offer of some explanation and discussion of "growing-up" problems. This particular service is offered to schools and is undertaken at the instance of headmasters and headmistresses. The basic programme is fundamental to all schools, but its application is individual and governed by the special needs of the pupils and schools who accept it. It cannot be too strongly emphasized that this "Learning to Live" programme is complementary to the efforts of parents and teachers alike to educate their children for life in the modern world.

The following paragraphs descriptive of this programme are also reproduced in the Annual Report for 1965 of the Principal School Medical Officer and are taken from the report of the Health Education Lecturer, Mrs. Jean Owen:—

"The first complete year's programme from September, 1964 ,to July, 1965, has seen the completion of 61 courses consisting of an average of 3 visits on each course. Thirty-four secondary schools or colleges have participated and an extremely successful course was asked for and supplied to one Junior School.

Some secondary schools are now asking for this course to be done in the first year and this, in our experience, is very successful and to be recommended. The boys and girls of eleven and twelve years old are not emotionally involved with problems of adolescence and like to have information of a simple factual nature. This first year course should be followed up by a more advanced course involving the personal relationships of adolescence, at some point before they leave school.

The course is, therefore, adapted to the requirements of each individual Head of school, and his group's needs, and is essentially seen as an adjunct to each school's programme.

Mrs. Owen can call upon a Medical Officer for one of the three meetings, if requested.. She is also aided by Mr. H. Harris who has charge of any visual aids which may be required for the programme.

The first meeting is introduced by the showing of a modern film "Learning to Live" produced by the London Foundation for Marriage Education. This is a most useful and sensitive film, greatly appreciated by both boys and girls, which gives not only the biological facts of reproduction but also touches upon aspects of personal relationships, responsibility and questions of morality.

Questions submitted by the pupils at this first meeting form the basis for the succeeding meetings which are best conducted in smaller groups as free discussion is a most valuable part of this course. In fact, one of the conclusions which one formulates as the scheme progresses, is that these young people find discussion in their own age group, under an outside chairman, a most helpful measure—their individual problems and those of their friends when brought out and discussed seem to help them to get life's complexities into focus.

The pressures of the adult world, relentlessly applied through the mass media, bring to these young people the necessity of resolving their personal patterns of behaviour at an earlier age than, perhaps, ever before.

One finds that these boys and girls have few inhibitions in discussing problems of sexual behaviour and modern morality, provided that the adult in charge is prepared to meet them with an equally straightforward approach.

Another welcome development of this work is the increasing interest shown by Parent-Teacher Associations. Heads of schools are asked to inform the parents of pupils who are to receive these lectures so that if they so wish, pupils may be withdrawn. Such withdrawals have been approximately 9 in about 3,000 pupils involved . Interested parents have seen the film "Learning to Live" and had an opportunity to discuss the programme with Mrs Owen on ten occasions.

In presenting this course to the Secondary Schools of Shropshire, we hope that we are able to help the teachers to open a window on this adult world and its problems, to help the boys and girls to solve some of their own and to achieve the emotional maturity which we all need for a happy life, before and after we leave school."

The programme has aroused interest in several other groups apart from Parent Teacher Associations. Women's groups and youth organisations have also asked for talks on these lines and 20 such talks have been given to total audiences of 931 persons.

Smoking and Health.—Research and all the available statistical evidence indicates that there is a definite correlation between the smoking of cigarettes and the incidence of lung cancer, and on grounds of general health we do all that is possible by personal example and by the giving of information to discourage the formation of the smoking habit in youth and to curtail it in the addicted among the older generation.

Some Heads of Schools have felt that talks devoted entirely to smoking were undesirable because they tended to give undue emphasis to the practice and might well stimulate interest and experiment among those in whom the reverse reaction was intended, but School Medical Officers nevertheless take every opportunity of pointing out to children the ill-effects of indulging in habits which are calculated to undermine good health.

In this County we continue to support the Ministry of Health's anti-smoking campaign:

(*a*) by a programme of talks and the showing of films and slides in schools, available on request;

(*b*) by displaying posters in clinics, council premises and elsewhere by distributing leaflets;

(*c*) by offering talks to organised groups.

Accidents in the Home.—Detailed figures of the accidents known to have occurred in Shropshire homes during 1965 are presented in the following Table 83.

It is gratifying to be able to report a 20 per cent diminution in the overall figures and, generally, reductions in the numbers in all age groups. The reduction in the numbers of falls victims is more apparent than real: very many falls were associated with unguarded fires or vessels of hot liquid and have been classified as burns and scalds cases. This is the reason why burns and scalds cases in some age groups appear to have increased in their incidence during this year.

Table 83: Home Accidents

Category	Total	Age Groups							
		0—5		6—64		65+		All	
		M	F	M	F	M	F	M	F
Burns and scalds	163	47	21	16	44	11	24	74	89
Poisoning:									
(*a*) Aspirin, tablets, etc.	17	9	8	—	—	—	—	9	8
(*b*) Paraffin, liquids, etc.	11	8	3	—	—	—	—	8	3
(*c*) Other	6	3	2	1	—	—	—	4	2
Falls	69	13	6	9	12	5	24	27	42
Miscellaneous	14	3	1	4	5	—	1	7	7
Total ..	280	83	41	30	61	16	49	129	151

Among the burns cases were four children injured during temporary removal of fireguards and four persons injured in one house fire, as well as two adults and two children fatally injured in a second house fire. Twenty-one out of a total of 280 injured persons were known to have been suffering from some condition—poor vision, epilepsy, senility—that might have rendered them accident prone. Similarly there was reason to suspect that two of these accidents occurred in "careless' homes.

Two small girls received eye injuries and are being provided with artificial eyes. One fell from a push-chair on to a toy on the floor. The other fell from some steps on to a broken milk bottle left lying on the ground. Six children obtained access to aspirins, two others to medical preparations and two ate poisonous berries. Thirty-three children in all were admitted to hospitals following poisoning accidents.

The grand totals of known accidents are reduced. It is to be hoped that the same applies to all those other home accidents that are occurring daily and are never reported.

H. Harris,
Health Education Officer.

Care of the Aged in their own Homes—Evening Visitors and Night Helps

The Council's proposals under Section 28 of the National Health Service Act include provision for the services of Evening Visitors and Night Helps for aged people who require assistance on account of illness or infirmity.

Help under this scheme is only provided when no relatives, friends or neighbours are available to assist, except in the case of Night Helps, when assistance can be provided to afford relief for a relative who has had the continuous care of a sick person for a prolonged period.

Whenever possible, help is supplied by voluntary workers, but the scheme includes the employment of paid personnel to cover circumstances when voluntary assistance is not forthcoming.

It was not found necessary to employ any paid Evening Visitors during 1965, but a paid Night Help was employed for six sessions. This help was provided free of charge to the recipient.

It is realised that much voluntary and neighbourly help must have been given during the year to meet the needs of sick and infirm persons and this help is acknowledged with grateful appreciation.

Prevention of Break-up of Families

One of the suggestions made by the Minister of Health in 1954 to Local Health Authorities for the development and use of the local health services to prevent the break-up of families was that trained Social Workers might be employed to enable the particular needs of families with problems to be studied and met in appropriate ways.

In the discussions which followed between the Chief Officers of the various Departments concerned, between whom excellent liaison exists, it was agreed that the *prevention* of family crises might be best accomplished by the secondment from the N.S.P.C.C. of one of their specially trained women visitors for duty in Shropshire.

This was agreed by the N.S.P.C.C. and since October, 1956, the services of a trained woman visitor have been available in Shropshire. A contribution of £300 per annum (£200 from the Health Committee and £100 from the Children's Committee) is made towards the expenses of this appointment.

The Visitor during the year was Miss M. M. Evans, and particulars of her work during the year are as follows:

Cases open at 1st January, 1965	20	
New cases	5	
	—	25
Cases closed as satisfactory	3	
Unsatisfactory cases needing further action by Inspector ..	2	
Cases returned to Inspector for transfer or other reason	1	
	—	6
Cases open at 31st December, 1965		19
Children in new cases opened		14
Total visits of supervision to families		755
Total miscellaneous visits to officials		407

By arrangement between the Chief Officers of the various County Council Departments concerned with problem families, a Central Register of all such known families in the County is maintained in the Health Department. At the end of the year, 772 families were on the Register, representing about one family in every 116 in Shropshire but this is, of course, a cumulative total and many of the problems have now resolved themselves in one way or another.

After-Care of Cancer Cases—The Marie Curie Memorial Foundation

Area Welfare Grants Scheme.—The Marie Curie Memorial Foundation use the County Medical Officer as their agent, with discretion to provide assistance, in kind, to meet the urgent needs of cancer patients being nursed at home and to supplement help from statutory and other sources.

Monetary assistance is not provided directly and the needs most commonly met are by payment for help in the home (including employment of trained nurses for a Day and Night Nursing Service), and the supply of linen, bedding, clothing, personal comforts and extra nourishment.

The first grant (£50) was received from the Foundation in June, 1957, and with grants in subsequent years, including £200 in 1965, the total of their Shropshire grants amounts to £1,250.

Table 84: Cases assisted

Assistance provided	Amount expended in 1965	
	Cases	£ s. d.
Domestic help, including Day and Night Nursing Service	—	—
Extra nourishment	4	28 17 2
Fuel	2	3 3 0
Travelling expenses	—	—
TOTAL ..	6	32 0 2

The valuable work maintained by this Foundation has often been alluded to by me with great appreciation in previous reports. It gives me particular pleasure to note in a recent communication from the Society the rapid growth of the Foundation's voluntary income and resulting expansion of services. The voluntary income has increased from £46,000 in the year 1952, very steadily to the tremendous figure of £644,000 in 1965. The Foundation rarely advertise and one imagines this must be due to appreciation of their services by relatives or friends of those they help. With new Homes opened in 1965 at Belfast and Solihull, and a third in Edinburgh in May, 1966, and the £26,000 they spent on research in 1965, the Foundation's needs are greater than ever.

Other Aspects of Care and After-Care

Other Types of Illness.—Any necessary nursing care and attention for patients discharged from hospitals is provided through the Council's Home Nursing Service, and the Regional Hospital Board undertake to supply particulars of all discharged hospital patients requiring after care to the Local Health Authority.

The help of the Children's Officer and Department, their counsel, information, visiting service, and the provision of accommodation for dependent children when necessary, are greatly valued in domestic emergency, such as the illness or confinement of the mother.

Provision of Nursing Equipment.—All Home Nurses and Midwives hold a small supply of minor articles such as hot water bottles, air rings, bed pans and feeding cups, for loan to patients being nursed at home.

Larger items of equipment, including Hoyer patient lifters, wheel chairs, mattresses, etc., are held in store at the County Health Department, and issued as required. Application should be made in office hours to the Health Department, Shirehall, Abbey Foregate, Shrewsbury (Telephone No. 52211); or at other times to No. 4 Claremont Bank, Shrewsbury (Telephone No. 2141).

A small charge is made for the hire of larger items of equipment only.

During the year issues of equipment were made to 885 patients, direct from the Health Department in 655 cases and by nurses and midwives in 230 cases, a total of 1,217 items being supplied as summarised below:

Table 85: Issues of Nursing Equipment

Items	Issued by		Total
	Health Dept.	Nurses	
Air rings	—	62	62
Back rests	92	98	190
Bed pans	93	105	198
Bed cradles	45	11	56
Bed tables	—	3	3
Bedsteads	22	—	22
Commode chairs	83	13	96
Crutches	27	—	27
Dunlopillo rings	88	12	100
Feeding cups	—	10	10
Fireguards	17	—	17
Patient Lifters	14	—	14
Mattresses	35	2	37
Urinals	49	65	114
Walking aids	37	—	37
Wheel chairs	183	6	189
Miscellaneous	30	15	45
TOTAL	815	402	1,217

Incontinence Pads.—In July, 1960, limited arrangements were made within the framework of the Home Nursing Service for incontinence pads to be provided free of charge to incontinent patients of limited means being nursed at home.

Experience of these arrangements led to a decision in May, 1962, to provide these facilities for all incontinent patients being nursed at home, irrespective of their means.

Since the issue of Ministry of Health Circular 14/63, which commended the issue of pads as part of the arrangements for the care of patients under Section 28 of the National Health Service Act, 1946, no restriction has been placed on issues to incontinent patients who are not receiving attention from Home Nurses employed by the Authority, but this category comprises a very small proportion of the recipients, the majority of whom are also Home Nursing cases.

The cases involved are scattered over the whole of the Administrative County and the disposal of used pads has yet to give rise to problems (the method of choice being domestic boiler or solid fuel stove in most instances). With the steady increase in the numbers of pads issued, however, this question of disposal must, of necessity, require attention and, as the need arises, the matter will be the subject of consultation with the appropriate refuse disposal authorities.

Since the expansion, in 1962, of the initial pilot scheme for the provision of pads, the numbers issued each year are as follows:

Year	*Pads Issued*
1962	12,700
1963	27,300
1964	44,600
1965	60,300

Quotations are invited annually from suppliers, who are then given a bulk order for the provision during the ensuing twelve months of multiples of 100 pads to individual Nurses by monthly requisition. Issues to patients are then undertaken by the Nursing Staff, whether or not they are in attendance.

In this rural area this method of supply is considered to be the most effective and economical in present circumstances and thanks are due to Nurses concerned for their ready acceptance of this additional chore in the general interests of the patients.

Recuperative Convalescence.—Under the Council's scheme, patients who are in need of a short convalescent holiday, involving no more than rest, good food, fresh air and regular hours, are assisted to go to suitable Convalescent Homes. Financial responsibility is accepted by the Council, but patients are required to contribute towards the cost of their convalescence in accordance with their means.

During 1965, the following Convalescent Homes received 52 cases at a gross cost of £780 18s. 7d. of which £43 19s. 3d. was recovered, no charge being made in 41 cases.

Table 86: Convalescence Cases

	Adults	Children
Lady Forester Convalescent Home, Llandudno ..	37	—
Victorian Convalescent Home, Bognor Regis	2	—
St. Margarets, Weston-super-Mare	—	1
Boarbank Hall, Grange-over-Sands	3	—
The Rest Convalescent Home, Porthcawl	4	—
Unitarian Holiday Home, Buxton	2	3
TOTAL ..	48	4

CHIROPODY SERVICE

A Chiropody Service for the aged, handicapped persons and expectant mothers is provided by the Council through the local schemes operated by Old People's Voluntary Committees and Clubs, and by the employment of Chiropodists either directly or on a contractual basis.

Eligibility of aged persons for treatment is restricted to those of pensionable age and who are mainly dependent upon Retirement Pension and/or National Assistance. A charge of 2/6d. per treatment is made to all, whether treated by County Chiropodists or through local schemes, and this charge may be remitted for National Assistance cases and others deemed by application of the Council's assessment scale to warrant free treatment.

During 1965, ten voluntary Chiropody schemes were in operation and subsidised by the Council to the extent of £1,035 per annum. All act as the Council's agents in arranging treatment for the eligible categories of patients referred to them in their own areas, as under:—

Shrewsbury Old People's Welfare Committee.
Dawley Old Folks' Rest Room.
Madeley Old People's Welfare Committee.
St. George's and Priorslee Club.
Shifnal Old People's Welfare Committee.
Wem Senior Club.
Wellington Old People's Welfare Committee.
Much Wenlock W.V.S. Chiropody Service.
Oakengates and District Old People's Welfare Committee.
Ellesmere Old People's Welfare Association.

Staffing.—One private Chiropodist undertakes the treatment of surgery and domiciliary cases in his locality under contractual arrangements with the Council.

Early in 1965 the Council's whole-time staff of two Senior Chiropodists (Mr. and Mrs. W. G. Smith) was augmented by the appointment of Mr. J. Poxon and this made it possible to reduce waiting lists for initial appointments, as well as the interval between treatments. Demands from the public continue to increase and at the time of writing the appointment of another Senior Chiropodist (Mrs. M. Farrow) has permitted further expansion of the service. Administrative arrangements are currently in hand to allow development of a foot inspection service by the Chiropodists in certain schools—duties which are at present performed by School Medical Officers.

To assist the Shrewsbury Group Hospital Management Committee and the County Welfare Committee, sessions are allocated to the treatment by County Chiropodists of patients in Shelton Hospital and in five County Welfare Homes—three in Shrewsbury and at Church Stretton and Ellesmere.

Clinic sessions involving some 48 half-day sessions per month are held at sixteen Child Welfare Centres, as detailed in Table IX at the end of this report, and additionally at the following:—

BAYSTON HILL	Old People's Dwellings ..	4th Tuesday ..	9.30 a.m.—12.30 p.m.
CROSS HOUSES	Old People's Dwellings ..	1st Thursday ..	9.30 a.m.—12.30 p.m.
KETLEY	Good Companions' Club ..	2nd and 4th ..	9.30 a.m.—12.30 p.m.
		Tuesday ..	2.0—5.0 p.m.
MINSTERLEY	Bridge Hotel Assembly Room	2nd and 4th Friday	9.30 a.m.—12.30 p.m.

Sessions in County Welfare Homes are attended as under:—

CHURCH STRETTON ..	Holmwood	1st Thursday ..	p.m.
ELLESMERE	Ellesmere House	3rd Friday ..	a.m.
SHREWSBURY	Briarfields	2nd Tuesday ..	a.m.
	Bromley House	2nd Tuesday ..	p.m.
	The Hollies	2nd Thursday ..	a.m.

Private Chiropodist.—Under contractual arrangements with one private Chiropodist treatments were carried out as follows in 1965:—

Table 87: Cases Treated by Private Chiropodist

Category of Patient	Domiciliary		Surgery	
	Patients	Treatments	Patients	Treatments
Aged	61	226	131	584
Handicapped ..	6	32	3	13
Expectant Mothers ..	—	—	1	2
TOTAL ..	67	258	135	599

County Chiropodists.—Clinic sessions attended by the County Chiropodists in 1965 totalled 459 and, inclusive of domiciliary visits, 1,101 patients received 5,467 treatments, as indicated below:

Table 88: Cases Treated by County Chiropodists

Category of Patient	Domiciliary		Clinic	
	Patients	Treatments	Patients	Treatments
Aged	564	2,342	526	3,106
Handicapped ..	5	11	4	6
Expectant Mothers ..	1	1	1	1
TOTAL ..	570	2,354	531	3,113

A charge of 2/6d. per treatment is made, which is remitted in cases of hardship. No charge was made in respect of 544 treatments of aged persons and handicapped persons.

In addition, 49 sessions were held in Welfare Homes and 509 treatments carried out. 240 sessions were attended at Shelton Hospital on behalf of the Shrewsbury Group Hospital Management Committee. The load for Welfare Homes was four times as great and the sessions afforded to Shelton Hospital were four times as many as in 1963.

Voluntary Schemes.—Patients were treated under Chiropody schemes organised by voluntary committees and clubs, within the framework of the County Service, as follows:

Table 89: Cases Treated through Voluntary Organisations

Category of Patient	Patients	Treatments
Aged	889	4,631
Handicapped	56	242
Expectant Mothers ..	—	—
TOTAL ..	945	4,873

In total, patients treated through the County Chiropody Service in 1965 numbered 2,371 and received 11,074 treatments.

EXFOLIATIVE CYTOLOGY

The Taking and Examining of Cervical Smears

Taking cervical smears and examining them microscopically can be used to find if cell changes are present which might foreshadow the development of cancer of the cervix, and medical experts in all branches of the National Health Service have been working on this idea for many years and with particular effort in the last three.

The Ministry of Health keep saying that routine screening for cervical cancer should be available to all women at risk, and that Regional Hospital Boards are being encouraged vigorously to spend money for this purpose. But Regional Hospital Boards have only so much money to spend and like all of us, must choose how best to spend their limited income. Resources of specialist people are limited too, and spreading the search too wide sometimes means giving up other present important work.

The Birmingham Regional Hospital Board are in the forefront of studies of cervical smears and are already training Hospital Laboratory Technicians as Cytologists. Deciding about particularly critical or borderline smears suspected by the Technician-Cytologist is done by a Medical Consultant Specialist in Pathology, already trained.

In February, 1965, I advised the County Council at some length about this, saying that all doctors are interested and anxious to get such a service established when this can be done without giving up other existing valuable and urgent work. The consultant Pathologists at Shrewsbury were eager to help with this work but were very short of space, and they said that unless and until they could get more accommodation in which to work, they could do no more. Representatives of Women's Organisations were received by Dr. Grant at the Shrewsbury Laboratories and acknowledged the difficulties which he explained to them.

So the first needs for screening were more laboratory space, and more trained Cytologists. Centres in the Birmingham Region were examining smears from selected groups of female patients attending Gynaecological Out-Patients, and some submitted by Family Doctors. The Consultant Advisory Committee on Gynaecology of the Birmingham Region considered the screening of selected groups to be the best starting point, but that the extension of a screening programme to the general female population could not easily be effected, and would have to come in stages. Smears from patients sent to Gynaecologists by their Family Doctors must have first priority. Later and as laboratory facilities extended, smears might be examined from any patient whose Family Doctor thought she should have next priority.

Obtaining smears would present little difficulty. Doctors and Nurses, whether in the hospital or local authority services, and perhaps even the patient herself, could learn relatively easily the way to obtain satisfactory specimens. The role of the County Council would be limited to providing facilities for the taking of smears, and the technical work of examining them would be the responsibility of the Hospital side of the service.

In February, 1966, reporting again to the County Council, I said that the position described in paragraph 4 above was still unchanged, but that we hoped some limited expansion of laboratory facilities would soon be available for the examination of cervical smears in Shrewsbury. Consultants' cases would be dealt with first; and smears sent to Laboratories by General Practitioners would be next priority. Only after the needs of these first two priorities have been satisfied could a service be offered to anyone who asked to have smears examined, when the new Group Laboratory now being discussed had been built.

Similarly a service is now being offered for Consultant and General Practitioner cases in the south-eastern area of Shropshire by the Wolverhampton Group Hospital Management Committee, but the latter are not yet in a position to offer us a general screening service.

In view of such progress the Ministry have allowed the County Council to provide for the collection of cervical smears for cytology diagnostic investigation by Hospital Authorities. Facilities will also be offered for the examination of the breasts of women attending clinics, and giving instruction how to do subsequent self-examination of the breasts. The taking of these powers enable the Council to play their part when the Hospital Services have the personnel and facilities to undertake the examination of smears generally. At the time of going to press, the Minister has approved proposals as indicated above.

Many enquiries are being received in the County Health Department from Practitioners and Councils and individuals, and from Political and Professional and Women's Institute Committees. Women are also asking their family doctors about the possibility of having cervical smear tests dealt with, and many enquire if anything can be done to expedite provisions.

The present situation is that a general extension of facilities cannot yet be made to all those who desire them. On the other hand any Practitioner who is of the opinion that a patient on his list requires some priority can refer such a patient to a Consultant Gynaecologist.

When some Laboratory facilities become available later in 1966, any patient with symptoms or whom her Family Practitioner considers to be in a priority class, is likely to be able to have smears examined if referred by her doctor to a Consultant Gynaecologist, or if the smears are sent to the Consultant Pathologist in charge of the Laboratory. The latter feels that the general service for all who wish it should ultimately be available if the Government decide to vote Regional Hospital Boards sufficient funds to build Laboratories able to accept smears from the substantial numbers who might come forward.

FLUORIDATION OF WATER SUPPLIES

Following the issue of Ministry of Health Circular No. 28/62, in which the Minister indicated acceptance of the principle of fluoridation of water to prevent dental decay in young children as safe and desirable, the County Council considered the question of amending their proposals under Section 28 of the National Health Service Act, 1946, to enable arrangements to be entered into with water undertakings for the addition of fluoride to water supplies naturally deficient in it.

While recording their approval of the principles of fluoridation generally as a safe and desirable method of reducing dental decay, the Council deferred positive action until assurance could be given that the benefits of fluoridation would be commensurate with the costs involved, since the County was, at that time, served by different water undertakings and from a variety of sources of supply scattered throughout the whole of the area.

The regrouping of water undertakings in Shropshire was finalised in 1964, with the formation from 1st April of the West Shropshire Water Board which together with the East Shropshire Board then covered the County. In view, however, of legal action then impending against Watford Borough Council to restrain them from continuing to add fluoride to their water supply on the grounds that they were acting illegally, it was considered wise to postpone furtherance of investigations with the Water Boards until this litigation had been settled. When, in 1965, these proceedings were discontinued, the Shropshire Water Boards were accordingly asked to supply the necessary technical information so that approximate costs might be ascertained.

The East Shropshire Water Board are currently investigating the technical aspects of fluoridation with a view to preparing costs; but the West Shropshire Water Board, despite being urged by the Minister of Health to co-operate with the County Council in regard to fluoridation, remain unconvinced about the principles thereof and refuse to adopt them: and that being so they say their officers are too busy to waste their valuable time finding out. They feel their constituents don't want fluoridation—a retrospective referendum-type enquiry at Watford disclosed satisfaction of the majority after fluoridation had operated for some time.

Proposals by the Wolverhampton and Birmingham Corporations, both of whom provide water supplies in various eastern and south-eastern areas of Shropshire, to add fluoride to their supplies were also approved by the Council. While Wolverhampton have yet to complete their arrangements, the Birmingham Corporation began fluoridation at the Elan Valley works in July, 1964, and areas of the County in Ludlow Borough and Ludlow and Bridgnorth Rural Districts taking water from the Elan aqueduct have been receiving fluoridated water since that date.

MENTAL HEALTH SERVICE

Report of the Administrative Mental Welfare Officer

Responsibility for the administration of the Mental Health Service is delegated by the Council to the General Purposes Sub-Committee of the Health Committee.

The functions of Local Health Authorities for certain patients who are, or have been, suffering from mental disorder, are stated in Section 6 of the Mental Health Act, 1959, very broadly to be:

(*a*) the provision, equipment and maintenance of residential accommodation, and the care of persons for the time being resident in such accommodation;

(*b*) the provision of centres or other facilities for training or occupation, and the equipment and maintenance of such centres;

(*c*) the appointment of officers to act as Mental Welfare Officers;

(*d*) the exercise by the Local Health Authority of their functions under the Act in respect of persons placed under guardianship; and

(*e*) the provision of any ancillary or supplementary services for the prevention of mental disorder or for the care of mentally disordered persons.

Staff.—On 31st December, 1965, the staff employed wholly in the Mental Health Service consisted of the following officers:—

Administrative Mental Welfare Officer	1
Deputy Administrative Mental Welfare Officer ..	1
Mental Welfare Officers	9
Training Centre Staff:	
Supervisors	3
Assistant Supervisors	11
Senior Housemothers	1
Assistant Housemothers	5
Hostel staff:	
Matron	1
Assistant Matron	1

The establishment of Mental Welfare Officers has been further increased by four, but these posts could not be filled before the removal of the Health Department to the new Shirehall, as there was no accommodation available in the house on College Hill.

The posts have since been widely advertised, but with success evidently limited by the shortage of officers having the desired qualifications and experience. Among reasons for this state of affairs are the expanding need for more Mental Welfare Officers everywhere, delays in providing courses for training, and perhaps some dissatisfaction with salary gradings having regard to the nature of the work.

Training of staff:

(a) *Mental Welfare Officers*:

Courses in social work training which have been approved by the National Council are now being run at a number of centres in the country, and it is hoped that the authorities responsible for organizing such courses will pursue a realistic policy and will continue for some time to come to run one-year courses for older, more experienced officers as well as the normal two-year courses for younger candidates.

Appreciation is recorded of the progressive policy the Committee and Council show in their seconding of staff to courses which widen their knowledge of social work, and enhance their value to the public whom they serve.

Mrs. A. D. Ward, S.R.N., R.M.N., Mental Welfare Officer, resumed duty in July, 1965, after completing the special one-year course of social work training for experienced officers and having gained the Certificate of the National Council. Mr. F. R. King, S.R.N., R.M.N., Mental Welfare Officer, commenced a two-year course in social work training in September 1965; and Mr. N. Gray, R.M.N. and Mr. A. Griffiths, R.M.N., Mental Welfare Officers, have obtained places on similar courses which commenced in September, 1966.

(*b*) *Assistant Supervisors of Training Centres:*

Miss G. M. Kowalik gained the Diploma for Teachers of the Mentally Handicapped; and Miss E. V. Mare commenced a two-year course of training in September, 1966, leading to this qualification.

Mental Illness:

Liaison with Hospital Services.—The close liaison between the Local Health Authority's Mental Health workers and the Shelton Hospital staff was advanced further when psychiatric teams were established in 1964. Each team covers a particular area of the County and comprises a Consultant Psychiatrist and Hospital Social Worker or Mental Welfare Officers, the number of lay workers attached to each team depending upon its commitments. This means that the combined efforts of each team can be focussed upon the patients for whom the team is responsible and closer and more effective relationships with patients can be built up. The team, including the County's Mental Welfare Officers, meet the patients by visiting them at home when they are at first and in urgent need of help. Thereafter the same helpers, medical and welfare, follow the patients throughout the latter's sojourn in hospital, and continue to follow their welfare after their return to the community both at out-patient hospital sessions and by home visiting. Thus continuity of care by the same helpers fosters confidence and aids recovery. The Mental Welfare Officers open and maintain essential lines of communication between patients and other branches of the County Council's local health services when patients leave hospital, and also provide necessary links with the other social services established to help people in times of need.

Regular clinic conferences organised by one of the Hospital's Consultant Psychiatrists, Dr. M. D. Enoch, have been continued at Shelton and have proved most valuable to the Local Health Authority staff.

At the request of the Tutor-in Charge of the Shelton Hospital Training School, the Administrative Mental Welfare Officer gives lectures periodically to student nurses, and a programme of domiciliary visits with Mental Welfare Officers is arranged for them.

The County Medical Officer is a member of the Shelton Hospital Nurse Education Committee and both he and the Deputy County Medical Officer collaborate closely with the Hospital's Consultant Psychiatrists, who likewise have been good enough to give their support and public acknowledgement to the good relationships which they share with the Local Health Authority workers.

Elms House—This building has been adapted for use as a rehabilitation Hostel and was opened in March, 1966 for female patients recovering from mental illness. Up to 14 residents can be accommodated and it is staffed by a Matron, a Deputy Matron and domestic assistants.

Some people with a history of mental illness are able to work in open employment but cannot cope with the isolation of life in lodgings, or even in some cases find living with their own relatives irksome.

The intention in setting up this Hostel was to provide a short-term bridging stage between the sheltered hospital environment and the ordinary stresses of every-day life, but experience may show that a number of people who have suffered from fairly severe mental illness will always need the support of a hostel.

It is better that they should earn their living and in other respects live a fairly normal life with only minimal guidance in the outside world, than remain in hospital as "chronic patients" doing routine chores, and still dependent to a considerable extent on the hospital nursing staff. Hospitals have a far less rigid regime these days, but one has to remember that they are geared to providing care and treatment for acutely ill people. If long-term patients stay in hospital they cannot easily progress to a stage of independence.

The residents of Elms House have been helped and encouraged very much by the Portland Nurseries Ladies' Club and the Townswomen's Guild, whose members have made social visits and have invited the residents to participate in their activities. Our lady Mental Welfare Officers, the Matron, Assistant Matron and the residents themselves have, in July 1966, joined with the Portland Nurseries Ladies' Club in arranging a Summer Fair at the Elms Hostel. This enjoyable function was opened by the Mayor of Shrewsbury, Alderman Mrs. Lancaster, J.P., and proved a successful occasion which will benefit the Ladies' Club and the Psychiatric Social Club who will share the profits. But it is, perhaps, the psychological stimulus to all which will prove most useful. There is nothing like helping each other to benefit morale.

Admission to Hospital for Mental Illness.—The Mental Welfare Officers were concerned with the admission to hospital of 451 mentally ill patients in 1965, practically all of whom were admitted to Shelton Hospital. Particulars of these admissions are given in the following table.:—

Table 90: Mentally Ill patients dealt with by Mental Welfare Officers

Mental Health Act 1959:	Males	Females	Total
Informal patients	97	108	205
Compulsory Patients:			
(*a*) Section 29—Emergency Order	17	10	27
(*b*) Section 25—Observation Order	73	119	192
(*c*) Section 26—Treatment Order	17	10	27
TOTAL ..	204	247	451

In addition, investigations were carried out by the Mental Welfare Officers into 129 further cases of alleged mental illness. Some of these were treated in the community; others were found to be in need of geriatric services and were admitted to appropriate hospital accommodation; and others were referred to the County Welfare Officer with a view to admission to the Council's residential homes.

Care and After-care of the Mentally Ill.—An after-care service is accepted as a very necessary extension of hospital treatment in many cases of mental illness and, as mentioned earlier in this report, the service in Shropshire has been developed with a view to the closest possible integration with the hospital staff. The Mental Welfare Officers have always co-operated closely with the General Medical Practitioners and the combined efforts of all concerned help to ensure that the medical and social needs of patients are under review after their return to the community.

The occurrence of mental illness in one member of a family brings many pressures to bear on the other members. Many voluntary and social organisations can help with problems which may ensue, and Mental Welfare Officers must maintain close touch with such agencies. The happy relationships which our officers have with so many go a long way towards ensuring that families receive the right kind of help at the right time.

The following table shows particulars of patients receiving after-care during 1965 with the figures for the previous three years for comparison:

Table 91: Mentally Ill patients receiving After-care by Mental Welfare Officers

At 31st December	Patients	Visits
1965	661	5,906
1964	608	5,086
1963	457	3,744
1962	279	2,669

Psychiatric Social Club.—The Social Club run by the Mental Welfare Officers has continued its fortnightly meetings in the hall of the Shrewsbury Junior Training Centre and provides a very useful social outlet for the patients. Attendances average 50 and the obvious enjoyment of the members is rewarding for those concerned with the Club's organisation.

Registration of Mental Nursing Homes.—In accordance with Part III of the Mental Health Act, 1959, the registration of Mental Nursing Homes is vested in the Local Health Authority for the area. In Shropshire there are two such Homes namely:

(*a*) *The Grove House, Church Stretton*

This Home is registered for the reception of 30 mentally ill female patients who may, if necessary, be detained in accordance with the provisions of the Mental Health Act; and

(*b*) *Loppington House, Wem*

This Home is registered to accommodate up to 80 severely subnormal children aged 16 or under who are suitable to live in association and who are not subject to detention. The children are long-stay patients who require nursing care. The Birmingham Regional Hospital Board have a contractual arrangement with the Managers of the Home for a number of beds, while those remaining are available on a fee-paying basis to parents, local authorities or other regional hospital boards.

Periodic inspections are carried out at both Homes by officers of the County Health Department.

Subnormality and Severe Subnormality

Care and after-care.—Most of the cases notified to the Mental Health Service are referred by the Chief Education Officer in accordance with Section 57 of the Education Act, 1944 and usually at the instance of the County's School Medical Officers, either as children found to be unsuitable for education in school or as children in need of supervision and guidance on leaving school. It has been arranged with the Education Department that in all cases where it is proposed to record a decision that a child is unsuitable for school, the letter informing the parent of the decision is delivered personally by one of the Health Department's Mental Welfare Officers. This officer explains the position, and, where appropriate, arranges for the child to attend one of the Training Centres.

In the case of school leavers from the Education Committee's two residential special schools for educationally subnormal pupils at Petton and Haughton Hall, arrangements are made for the Mental Welfare Officers (and also the Youth Employment Officers) who will be responsible for the after-care of the children on leaving, to visit the schools beforehand in order to discuss their cases with the Principals and also to meet the children themselves.

The number of cases referred by the Education Department during the year were:

Found to be unsuitable for education in school	25
In need of supervision on leaving school	35

The numbers of subnormal and severely subnormal patients who on 31st December, 1965, were receiving home visits by the Local Health Authority's officers were as follows:—

Table 92: Subnormal and Severely Subnormal Patients receiving Home Visits

	Under 5	5—15	16—30	31—60	Over 60	Total
Males ..	1	93	310	124	8	536
Females	—	73	246	121	13	453
TOTAL	1	166	556	245	21	989

Junior Training Centres (*Males and Females*).—The new Wellington Junior Training Centre was opened in September, 1965, completing the first stage of the Council's programme for such Centres. It is the second purpose-built Centre provided in the County and fulfils a long-felt want in the eastern part of the County which had previously been served by a small one-roomed building.

Particulars of the two Centres are given below:—

Centre	*Day Training Places*	*Residential Places*	*Total*
Shrewsbury	40	40	80
Wellington	40	—	40
Total	80	40	120

In addition to these Centres three small part-time Centres are held in the Council's Child Welfare Centres at Oswestry, Wem and Whitchurch. These provide limited but useful facilities for some 15 children in the northern part of the County.

The majority of day children are conveyed to the full-time Centres in four small 'buses operated by the Council, and the W.V.S. continue to provide much appreciated assistance in conveying other children who live off the 'bus routes and also many of the boarders who come to the Shrewsbury Centre on Monday mornings and return home on Fridays.

Adult Training Centres.—Progress is disappointingly slow: it was hoped that building work on the Centre and Hostel planned for Shrewsbury would commence in the Autumn of 1966.

Guardianship.—There is at present only one Shropshire severely subnormal patient subject to a Guardianship Order. This patient resides in Surrey and the Brighton Guardianship Society undertake supervision on behalf of the Salop County Council.

Hospital Care.—During 1965 the Birmingham Regional Hospital Board completed their revision of the reception areas of the hospitals for subnormals. The revision had been undertaken to take into account the additional beds which would be available when the extensions at Lea Castle Hospital were opened and to provide a more balanced bed-population ratio throughout the Region. Formerly all Shropshire was in the reception area of Stallington Hall Hospital, Blythe Bridge, Stoke-on-Trent. Under the new arrangements, the northern half of the county remains in Stallington Hall's area but the southern half is served by Lea and Lea Castle Hospitals which are much more conveniently situated for patients from south Shropshire and the relatives who will visit them.

Sixteen patients for long-term care were admitted during the year to hospitals for the subnormal. In addition, arrangements were made for the admission of 26 patients for short-term care to enable relatives to take their own holiday or to tide over some family emergency.

At 31st December there were 29 patients awaiting admission to hospital for long-term care, classified by age and sex as follows:—

Table 93: Severely subnormal patients awaiting admission to Hospital

	Age Groups				
	Under 5	5—15	16—30	31—60	Total
Males ..	1	5	3	4	13
Females	—	6	7	3	16
TOTAL	1	11	10	7	29

Voluntary Organisations.—The Shrewsbury and Wellington Societies for Mentally Handicapped Children continued their wide range of activities including the running of youth clubs and arranging outings and holidays. The training centres have many friends also among other voluntary organisations and the interest and generosity of all those who help to brighten the lives of these simple and lovable children are greatly appreciated.

The swimming pool at the Shrewsbury Junior Training Centre, which was substantially subscribed for by the Shrewsbury Society for Mentally Handicapped Children, has proved to be a great success. It gives the children great enjoyment and healthy exercise and helps them to cultivate determination and perseverance.

Several enquiries have been received from other Local Health Authorities and Societies for Mentally Handicapped Children who have heard of the swimming pool at our centre and are contemplating similar provision.

Once again, the Voluntary Organisations not only help but pioneer the way!

E. A. R. WARD,

Administrative Mental Welfare Officer

DOMESTIC HELP SERVICE

Since 5th July, 1948, the County Council have provided a Domestic Help Service, which was initiated and operated on the Council's behalf by the Women's Voluntary Services in the first instance. Since 1st April, 1952, however, the Service has been operated directly by the Council.

Particulars of the Domestic Help Offices operating within the County on 31st December, 1965, are given in the table below:

Table 94: Home Help Offices

Centre	Address
BRIDGNORTH	Child Welfare Centre, Northgate
CHURCH STRETTON ..	Cottage Room, Silvester Horne Institute
LUDLOW	Child Welfare Centre, Dinham
MARKET DRAYTON ..	Child Welfare Centre, Longslow Road
NEWPORT	Child Welfare Centre, Beaumaris Road
OSWESTRY	Child Welfare Centre, 30 Upper Brook Street
SHREWSBURY	*County Health Department, 3 Swan Hill
WELLINGTON	Child Welfare Centre, Haygate Road
WHITCHURCH	Child Welfare Centre, Brownlow Street

*Since April, 1966, at Child Welfare Centre, Murivance

Administration.—The Service is administered by the Health Committee of the County Council through their Nursing Sub-Committee.

With the exception of the Shrewsbury Office (now at Murivance), which is operated within the general framework of the Department, each office is staffed by a paid part-time clerical assistant who is responsible for the day to day operation of the Service in her area, arranging the completion of application forms by householders requesting the services of a Home Help and receiving any charges which they may be required to pay.

All assessments are dealt with in the County Health Department where a centralised recording system is operated to control the collection of payments.

Each applicant for the services of a Home Help is visited by the District Nurse, or where necessary by the Health Visitor, who satisfies herself that the case is within the scope of the Service before recommending the extent to which assistance should be provided. Subsequent supervision is exercised through the medium of the Nursing Officers.

Charges for Domestic Help.—Applicants who feel unable to pay the Council's standard charge for domestic assistance—5/6d. per hour in 1965—may elect to furnish particulars of their financial circumstances so that the charge may be assessed in accordance with their means. The assessment scale is based upon the National Assistance allowances and is adjusted whenever these are changed.

Help is provided without charge where the applicant receives National Assistance.

To cover possible claims for damages by Home Helps against householders making use of the Service, the County Council have taken out a Public Liability Insurance Policy.

Home Helps.—Payment to Home Helps is made in accordance with the wages scale of the West Midlands Joint Industrial Council, Local Authority Non-Trading Services (Manual Workers).

The rates in operation at the end of 1965 were 4/3$\frac{3}{8}$d. per hour in the Shrewsbury, Wellington and Oswestry districts, and 4/2$\frac{5}{8}$d. elsewhere in the County, these rates being increased by 2d. per hour for work undertaken in homes where cases of respiratory tuberculosis or certain other infectious diseases are present.

A small number of whole-time Helps is employed for maternity cases and others needing full-time assistance, but in order to avoid "standing time" most of the work is undertaken by part-time helps. In rural areas, "casual" helps are recruited to deal specifically with individual cases.

All Home Helps are provided with overalls and are paid travelling expenses, either in the form of a weekly allowance for the use of bicycles or by the refund of actual 'bus or rail fares. Part-time helps receive payment for travelling time.

On 31st December, 1965, a total of 214 Home Helps was employed (7 full-time and 207 part-time) and the table below shows their distribution throughout the County:

Table 95: Home Helps employed on 31st December

Centre	Whole-time	Part-time	Total
Bridgnorth ..	—	26	26
Church Stretton ..	—	3	3
Ludlow	—	24	24
Market Drayton ..	1	9	10
Newport	—	9	9
Oswestry	—	21	21
Shrewsbury ..	6	58	64
Wellington ..	—	46	46
Whitchurch ..	—	11	11
Total for 1965	7	207	214
Total for 1964	5	196	201

The above figure of 214 Home Helps is equivalent to 115 whole-time workers, or 0.36 per 1,000 of population, and it is anticipated under the Council's development plan that this figure and rate will increase to 184 (0.56) by 1970 and 244 (0.71) by 1975.

Work performed.—During 1965, a total of 1,397 cases was assisted, at an average of 820 per week, and the hours worked and travelled by Home Helps in attending these cases amounted to 225,033. This gives a case rate of 4.4 per 1,000 population, with each case receiving an average of 3.1 hours help per week (inclusive of travelling time).

Particulars of the individual categories of cases are given in the first table below. That this is a very important service for the elderly and chronic sick is emphasized by the fact that they represent 84.5 per cent of the *cases* and that 210,656 (or 93.6 per cent) of the *hours* worked by the Home Helps were devoted to their help; and this work is a big factor in helping elderly and chronic sick cases to avoid having to leave their homes to enter hospital or welfare accommodation.

Table 97 overleaf is important.

Table 96: Cases attended by Home Helps

Centre	Chronic Sick and Aged	Illness	Maternity	Post-operative	T.B.	Others	Total
Bridgnorth ..	131	2	4	—	1	1	139
Church Stretton ..	13	—	3	—	—	—	16
Ludlow	70	1	2	—	—	—	73
Market Drayton ..	48	1	8	1	—	—	58
Newport	47	—	10	—	—	—	57
Oswestry	115	2	17	4	—	3	141
Shrewsbury ..	365	21	69	7	4	11	477
Wellington ..	335	6	20	3	2	6	372
Whitchurch ..	56	1	6	—	1	—	64
Total for 1965	1,180	34	139	15	8	21	1,397
Total for 1964	1,098	20	141	24	7	18	1,308

Cases in the chronic sick and aged category included 1,074 aged 65 years or over. The "others" category included 11 cases suffering from mental disorder.

The steady and consistent increase in all figures since the year 1956 is conspicuous and revealing in the following table:

Table 97: Elderly and Chronic Sick Cases

Year	Cases			Hours Worked		
	Total—all categories (1)	Elderly and Chronic Sick		Total—all categories (4)	Elderly and Chronic Sick	
		Number (2)	% (3)		Number (5)	% (6)
1956	639	398	62	130,596	106,381	81
1957	709	475	67	140,778	116,449	83
1958	786	530	67	142,552	118,389	83
1959	845	597	71	154,251	130,564	85
1960	965	719	75	171,608	148,039	86
1961	1,074	803	75	172,622	151,070	88
1962	1,148	878	76	181,813	164,432	90
1963	1,239	1,018	82	192,922	176,941	92
1964	1,308	1,098	84	208,585	194,952	94
1965	1,397	1,180	85	225,033	210,656	94

Recovery and Expenditure.—The sum recovered during 1965 from those taking advantage of the Service was £4,085, compared with £3,822 during 1964 and £4,226 during the previous year. The statement below relates the numbers of hours worked and travelled to cases paying for the help at the standard rate, to those paying an assessed weekly charge and those receiving free help. Comparable figures for 1961 to 1964 are also given.

The decreases in the sums recovered are in part attributable to the increase in the number of householders qualifying for free help following the Council's decision to grant help without charge from 1st May, 1963, to all householders in receipt of National Assistance. There has also been a decrease in the amount of help required by householders paying the standard charge, which was increased to the present level of 5/6d. per hour on 1st April, 1964.

Table 98: Hours worked and travelled by Home Helps

	1961	1962	1963	1964	1965
Standard Rate ..	14,672= 8.5%	13,123 =7.2%	11,276= 5.8%	10,225= 4.9%	11,087= 4.9%
Assessed Rate ..	84,543=49.0%	93,375=51.4%	49,708=25.8%	22,669=10.9%	26,965=12.0%
Free	73,407=42.5%	75,315=41.4%	131,938=68.4%	175,691=84.2%	186,981=83.1%
TOTAL ..	172,622	181,813	192,922	208,585	225,033

Variations in the above figures, particularly in the increasing numbers of free cases, are due to the Council's assessment scale being modified to the advantage of householders whenever changes are made in the National Assistance Board's allowances upon which the scale is based.

Particulars are given below of the expenditure incurred by the Council in the operation of the Service during 1965, with corresponding totals for the four preceding years:

Table 99: Cost of Domestic Help Service

Year	Wages and Insurance			Overalls, Rentals, etc.	Total Expenditure	Payments by Householders	Nett Cost to County Council	Receipts as Percentage of Expenditure
	Clerical Assistants	Home Helps						
		Whole-time	Part-time					
	£	£	£	£	£	£	£	%
1961	1,684	2,597	33,441	1,449	39,171	4,468	34,703	11.4
1962	1,823	2,358	36,582	1,652	42,415	5,137	37,278	13.8
1963	1,942	2,764	40,193	1,768	46,667	4,226	42,441	10.0
1964	2,068	2,737	45,313	2,307	52,425	3,822	48,603	7.3
1965	2,213	2,780	52,412	2,419	59,824	4,085	55,739	7.3

The wage awards made annually (biannually in 1961 and 1963) to Home Helps by the National Joint Council for Local Authorities' Services have caused the cost of the Service to rise from year to year, but the steady rise in the percentages in columns 3 and 6 of Table 97 seems to be evidence for the Committee's contention that the service is not abused and that the help goes where it is most needed, namely to the elderly and chronic sick whose incomes are limited.

NURSING HOMES

Registration.—The Public Health Act, 1936, Part VI, requires the registration by the County Council of maternity and other nursing homes and these provisions are also applied, subject to modifications, by the Mental Health Act, 1959, Part III, and the Mental Health (Registration and Inspection of Nursing Homes) Regulations, 1960, to mental nursing homes.

The Nursing Homes Act, 1963, removed the powers of County Councils to grant exemption from registration in certain instances and also enabled the Minister of Health to make regulations as to the conduct of nursing homes.

The Conduct of Nursing Homes Regulations, 1963, made by the Minister in accordance with the new Act, came into operation on 27th August, 1963, and provide County Councils with an opportunity to secure, by the issue of formal notices and subsequent prosecution if necessary, the "provision of proper facilities and services", and the "limitation of numbers of persons in nursing homes".

Particulars of registered homes in the County at the end of the year are as follows: one new registration was effected and three voluntarily withdrawn during the year.

Table 100: Nursing Homes

Accommodation provided	Nursing Homes	Beds available
General Cases only	5	79
Maternity Cases only	1	5
Maternity and General	1	7
Mental Cases only	2	110
TOTAL ..	9	201

Inspection.—Routine inspection of general and maternity nursing homes is undertaken by the Superintendent Nursing Officer and her Assistants who endeavour to visit each home at least once a quarter, and more frequently if necessary. In addition, Medical Officers of the Department visit the homes periodically and in every case where application is made to alter the permitted number of beds.

In the case of mental nursing homes, inspection is required by virtue of the Mental Health (Regulation and Inspection of Mental Nursing Homes) Regulations, 1960, to be undertaken at such intervals as the registration authority may decide, but not less frequently than once in each of the six month periods commencing in May and November each year. These inspections are undertaken by the Deputy County Medical Officer of Health and the Administrative Mental Welfare Officer.

REGISTRATION OF DAY NURSERIES AND DAILY MINDERS

Under the provisions of the Nurseries and Child Minders Regulation Act, 1948, which came into force on 30th July of that year, the County Council, as Local Health Authority, are required to register and supervise:

(*a*) private persons (daily minders) who receive into their homes, for reward, children under the age of 5 years to be looked after for a substantial part of the day, or for a longer period not exceeding six days; and

(*b*) premises (day nurseries) in which children below the upper limit of compulsory school age are looked after for a substantial part of the day, or for a longer period not exceeding six days, within the provisos implicit in the next two paragraphs.

Registration is not required in the case of hospitals, homes or institutions maintained by Government Departments and Local Authorities, schools and nursery schools supervised by Local Education Authorities, or premises and child minders supervised under Child Life Protection enactments.

After the expiration of a period of three months following the coming into operation of the Act, it became an offence for a child to be received into an unregistered day nursery, or for more than two children under the age of five years from more than one household to be received by an unregistered child minder who is not a relative.

The Act empowers the County Council to define requirements which must be complied with:

(*a*) in the case of day nurseries, the condition of the premises, the number and qualifications of the staff, equipment, feeding arrangements, medical supervision and records; and

(*b*) in the case of both nurseries and daily minders, the number of children to be received and the precautions to be taken against the spread of infectious diseases.

At the end of 1965, there were seventeen registered premises and one registered minder providing for 256 and 4 children respectively.

Inspections of registered premises and persons are undertaken by members of the Department's Medical Staff.

Ministry of Health Circular 5/65 which recommended revised standards of accommodation and child care in private nurseries requested a review of existing arrangements for the administration of the Act to be undertaken by each Local Health Authority and the results of such review reported to the Ministry.

A copy of the document submitted in response to this circular is reproduced on pages 96—108 of this Report.

MEDICAL EXAMINATIONS

Staff appointed for service with the County Council are required to be medically examined, and this is undertaken by the Department's Medical Officers. Entrants to the teaching profession, firemen attending courses, etc., are also examined and, on occasions, examinations are performed on behalf of other local authorities. Chest X-rays are arranged for those whose work will bring them into contact with children.

Medical examinations carried out during 1965 totalled 866, as indicated below, and a further 53 examinations were made on our behalf by other local authorities:

	Examinations
Teaching profession and Teachers' Training College Students ..	320
Staff—Superannuation purposes	437
Breathing apparatus courses and retained firemen	56
Miscellaneous	8
On behalf of other local authorities	45
	866

WELFARE OF HANDICAPPED PERSONS

The following report is contributed by the County Welfare Officer, F. G. Fawcett, Esq., T.D.

Responsibility under Section 29 of the National Assistance Act, 1948, for the Welfare of Handicapped Persons (those substantially and permanently handicapped by illness, injury or congenital deformity) is that of the Welfare Committee. Close liaison between the County Health and Welfare Departments ensures that persons over school-leaving age who can be described as permanently and substantially handicapped are given the opportunity to receive such assistance as the County Welfare Committee can provide.

The figures given are the numbers on the Register at 31st December, 1965.

Blind and Partially Sighted Persons:

Table 101: Register of Blind and Partially-Sighted Persons

	Men	Women	Children	Total
Blind	256	364	23	643
Partially-Sighted ..	35	49	14	98
TOTAL ..	291	413	37	741

Additions to the Register.—During the year, the number of persons examined by Ophthalmologists at the request of the County Welfare Officer was 102. Of these, 84 persons (36 male and 48 female) were certified as blind and were included in the Register. In addition, 6 persons (1 male and 5 female) were certified and registered as partially-sighted; 12 persons were found to be neither blind nor partially-sighted.

Of the 90 people added to the register during the year, 77 blind persons (32 males and 45 females) and 4 partially-sighted persons (4 females) were 60 years of age or more.

Causes of Blindness.—In 23 of the new cases (27.4% of the total) the primary cause of blindness was Cataract; 19 of these cases were aged 70 years or more. Other major causes of blindness were: Macular Degeneration 28, Glaucoma 10, Optic Atrophy 8.

Blind persons for whom treatment was recommended numbered 37, medical treatment being suggested in 10 cases, surgical in 22 cases and optical in 5 cases. Ophthalmic medical supervision was recommended in 28 cases. No treatment was suggested in 19 cases.

Four persons for whom surgical treatment had been recommended refused to accept it.

Although treatment of one form or another or hospital supervision was recommended in 65 cases, it was thought that this would result in the removal of only 13 persons from the category of blind persons. In addition, it was considered inadvisable, on general grounds, to carry out for 2 persons treatment which might have resulted in their removal from the Blind category.

The following table relates to the provision of treatment as a follow-up action in the case of blind and partially-sighted persons:

Table 102: Follow-up of Registered Blind and Partially-Sighted Persons

	Cause of Disability									
	Cataract		Glaucoma		Retrolental Fibroplasia		Others		Total	
	Blind	Part. Sight	Blind	Part. Sight	Blind	Part. Sight	Blind	Part. Sight	Blind	Part. Sight
Cases registered during 1965 in respect of whom the ophthalmologist's recommendation was:										
(*a*) No treatment	1	—	—	—	—	—	18	—	19	—
(*b*) Treatment (medical, surgical or optical)	17	2	4	—	—	—	16	2	37	4
(*c*) Hospital supervision	5	1	6	—	—	—	17	1	28	2
Cases at (*b*) and (*c*) above which have received, or will receive, treatment or supervision.	15	3	7	—	—	—	11	1	33	4

Deaf Persons:

Table 103: Other Handicapped Persons

Category	Sex	Age		Total
		16—64	Over 65	
Deaf with Speech ..	Males	24	3	27
	Females	20	1	21
Total ..		—44	— 4	—48
Deaf without Speech	Males	41	5	46
	Females	22	9	31
Total ..		—63	—14	—77
Grand Total		107	18	125

Epileptics:

Males	Females	Total
18	25	43

(Of these 16 were accommodated in their own homes; 2 were in hospital; 6 were accommodated on behalf of the Council by voluntary organisations; and 19 were in accommodation provided by this Authority under Part III of the National Assistance Act, 1948).

Spastic Paralysis:

Males	Females	Total
11	21	32

(Of this total, 26 were accommodated in their own homes, and 1 was in hospital. The others were in Homes administered by voluntary organisations, the expenses being paid by the Welfare Committee).

Table 104: Other persons registered as Permanently and Substantially Handicapped

Reason for Registration (Ministry of Labour Classification)	Males	Females
Amputation	18	14
Arthritis and Rheumatism	45	93
Congenital Malformations	19	35
Diseases	75	60
Injuries	37	19
Organic Nervous Diseases	38	40
Other Nervous and Mental Disorders ..	35	37
Tuberculosis (Respiratory)	7	4
Tuberculosis (Non-Respiratory)	—	5
Other diseases and injuries	17	14
	291	321

INSPECTION AND SUPERVISION OF FOODS

Mr. D. Coups, County Public Health Inspector, reports as follows:

Qualitative Sampling of Milk and Other Foods.—Under Section 2 of the Food and Drugs Act, 1955, a person who sells to the prejudice of a purchaser any food or drug which is not of the nature, substance or quality demanded is guilty of an offence; and under Section 91 of the Act, an Authorised Officer of a Food and Drugs Authority may procure samples of foods and drugs for analysis, with a view to ensuring compliance with Section 2.

Except in the Borough of Shrewsbury, which is an independent Food and Drugs Authority, the County Council are the responsible authority within the County.

Milk.—

Testing of Milk Samples.—Following approval by the County Council early in 1958 of the policy of testing milk samples within the Health Department, the following procedure with regard to milk sampling is adopted by the Department's Sampling Officers. In the course of routine sampling, two samples of the same grade of milk are obtained from the retailer. One is divided formally into three parts, and sealed and labelled in accordance with the procedure laid down under the Act; the other is treated as an "informal" or "comparative" sample, and is tested in the Health Department Laboratory, for Fat and Solids-not-Fat content. If this latter sample is shown to contain water, other than a trace, by the "Hortvet Freezing Test" method or has more than a minimum deficiency of milk fat, the corresponding formal sample is forwarded to the Public Analyst for analysis, together with any other samples obtained from the same retailer which may be necessary to provide evidence if legal proceedings are instituted.

Individual samples received on complaint from members of the public are also submitted direct to the Analyst where it is not possible to obtain a corresponding sample.

During the year, 1,207 samples of milk were tested within the Department's Laboratory; 11 of these were found to be below legal standards and action was taken as follows:

5 were slightly deficient in fat and the vendors were notified.

1 was slightly deficient in fat and solids-not-fat and the vendor was notified.

1 informal sample was found to contain extraneous water. Formal samples were forwarded to the County Analyst and were found to be genuine. It was later ascertained that a stop-valve had been left partly open on the day of the informal sampling. A warning letter was sent to the producer concerned.

1 was deficient in fat and Appeal-to-cow samples were obtained.

3 Appeal-to-cow samples relative to the above were found to be deficient in fat. Advice was given to the producer.

Analyses by the County Analyst

Twenty-one samples were analysed, of which six, being the results of complaints, were reported as being adulterated as follows:

2 bottles of milk were found to contain, in one case, visible dirty sediment and in the other, foreign matter. Both were from the same producer and legal proceedings were instituted with results as shown in the Table on page 75.

1 bottle of milk was found to contain heavy contamination with black sediment, having the characteristics of burnt paper. As the evidence was insufficient, no further action was taken in this matter.

1 bottle of milk was found to contain the skeleton of a small rodent, probably a mouse. Legal proceedings were instituted with results as shown in the Table on page 75.

1 milk bottle was found to contain a white residue consisting of carbolic soap. Statements of Evidence were obtained, but the Clerk of the Council decided that no further action be taken.

1 bottle of milk was found to contain lime, sand and a small quantity of cement. A warning letter was sent to the processor concerned.

Other Cases

Following a complaint, a bottle of milk was found to contain a slug. A warning letter was sent to the processors concerned.

Following a complaint a bottle of milk was found to contain sediment. The complainant did not wish legal proceedings to be instituted and a warning letter was sent to the processor concerned.

Following a complaint that an unopened bottle of milk contained a foreign object, legal proceedings were instituted against the processors concerned with results as shown in the Table on page 75.

Following a complaint that a bottle of milk contained foreign matter, the Clerk of the Council decided that a warning letter be sent to the processors.

Table 105: Proceedings under the Food and Drugs Act

Magistrates' Court	Analysis	Result	Fine	Costs
Wellington	(1) Milk containing visible dirty sediment composed mainly of matter having the characteristics similar to decomposed milk solids and filaments of mould.	Conditional discharge (Plea of guilty).	—	
	(2) Inside of the bottle contained a stained area of foreign matter adhering to the glass. The stain was caused by material having similar composition to decomposed milk solids and containing yeast or mould spores.	Conditional discharge (Plea of guilty).	—	£20 8 0
Wellington	An unopened bottle of milk containing a foreign object.	Case proved (Plea of guilty)	£10 0 0	£10 10 0
Bridgnorth	A bottle of milk containing the skeleton of a rodent, probably a mouse.	Case proved (Plea of not guilty).	£30 0 0	£14 6 0

Radioactivity in Milk (*Iodine* 131).—During the year one composite sample of milk from 18 farms in the County was tested for Iodine 131. It was reported that this sample was below the limit of detection for Iodine 131.

Average Composition of Milk.—The Sale of Milk Regulations, 1939, prescribe a standard for milk of 3 per cent for Fat content and 8.5 per cent for Solids-not-fat content, and milk which on examination does not come up to this standard is presumed to be "non-genuine" until the contrary is proved. Where the solids-not-fat content is below 8.5 per cent, however, unless the presence of extraneous water is determined by the Hortvet Freezing Point Test, such samples are returned as "genuine" provided the fat content is satisfactory.

Of the 1,207 milk samples tested during the year, 11 were either adulterated or below the required standard, representing 0.91 per cent of the total.

Table 106 below gives particulars of the average fat and solids-not-fat content of the samples of milk, including adulterated and "appeal-to-cow" samples, but excluding Channel Islands and South Devon milk taken during 1965, with comparative totals for the preceding nine years.

Table 106: Average Composition of Milk Samples

Month	Samples	Average fat percentage	Average solids-not-fat percentage
January ..	84	3.67	8.72
February ..	60	3.59	8.71
March ..	66	3.63	8.75
April	109	3.56	8.74
May	62	3.39	8.78
June	101	3.45	8.83
July	96	3.58	8.84
August ..	54	3.58	8.72
September ..	105	3.70	8.75
October ..	82	3.73	8.75
November ..	98	3.84	8.72
December ..	66	3.88	8.76
1965 ..	983	3.66	8.74
1964 ..	1,059	3.57	8.64
1963 ..	1,008	3.67	8.70
1962 ..	996	3.57	8.69
1961 ..	970	3.51	8.63
1960 ..	1,076	3.50	8.64
1959 ..	1,084	3.45	8.65
1958 ..	1,100	3.60	8.65
1957 ..	1,087	3.60	8.80
1956 ..	1,231	3.69	8.68

The prescribed standard for Channel Islands and South Devon milk is 4 per cent for fat and 8.5 per cent for solids-not -fat. The following table gives particulars of the samples of Channel Islands milk examined during 1965, with comparative totals for the preceding eight years.

Table 107: Channel Islands Milk—Average Composition

Month	Samples	Average fat percentage	Average solids-not-fat percentage
January ..	10	4.77	9.10
February ..	7	4.88	9.13
March ..	12	4.82	9.04
April	11	4.55	9.06
May	23	4.48	9.09
June	28	4.46	9.14
July	24	4.75	9.16
August ..	18	4.55	9.05
September ..	33	4.85	9.07
October ..	26	4.82	9.08
November ..	16	5.10	9.24
December ..	16	4.97	9.03
1965 ..	224	4.78	9.10
1964 ..	156	4.57	9.04
1963 ..	185	4.79	8.70
1962 ..	201	4.68	9.07
1961 ..	170	4.64	9.06
1960	137	4.68	9.08
1959 ..	132	4.65	9.05
1958 ..	111	4.85	9.05
1957 ..	147	4.90	9.15

The fat content in milk has a natural variation, usually being at its lowest during the Spring and Summer and highest during the Autumn and Winter.

Other Foods and Drugs.—Table 109 on page 77 summarises the 423 samples of other Foods and Drugs which were examined by the Public Analyst and the following particulars indicate the action taken in respect of those samples found on analysis to be non-genuine.

1 Formal sample of Bread, submitted as the result of a complaint, was found to contain a beetle. The facts were reported to the Clerk of the Council who sent a warning letter to the manufacturers.

1 Formal sample of Butter submitted as the result of a complaint, was found to be contaminated with mould. The remainder of the stock was withdrawn and a warning letter sent to the vendors.

1 Formal sample of Bread submitted as the result of a complaint, was found to be contaminated with badly soiled and dirty dough. Legal proceedings were intsituted with results as shown in the Table on page 77.

1 Informal sample of Children's Aspirin Tablets was found to contain an excess of free salicylic acid. This sample was subsequently found to be from old stock which was withdrawn from sale by the vendors. It was confirmed that new supplies of this commodity complied with the maximum limit for free salicylic acid.

1 Informal sample of Cooked Bacon was discoloured due to the presence of iron. It was later found that this was caused by the bacon being put in the cooking utensil overnight.

2 Samples of Food Flavour Improver (1 informal and 1 formal) were found to be samples of Monosodium Glutamate. It was stated on the label that the preparation brought out the natural flavour in meat, fish, vegetables, but added no flavour of its own. This was incorrect. Legal proceedings were instituted but were withdrawn on the advice of the Clerk of the Council due to the prolonged illness of the Assistant County Public Health Inspector who was required to give evidence.

1 Formal sample of Milk Chocolate Wafer submitted as the result of a complaint was found to contain a small dark stain which included minute particles of a non-fatty nature, resembling carbon. A warning letter was sent to the manufacturers.

I Formal sample of Bread submitted as the result of a complaint was found to be contaminated with foreign matter which consisted of dough badly stained with iron compound. Legal proceedings were instituted with results as shown in the Table on page 77.

2 Samples of Cream Cheese (1 informal and 1 formal) were found to be deficient in milk fat. The facts were reported to the Clerk of the Council and it was decided that a warning letter be sent.

1 Informal sample of Calcium Drink with Vitamin C was found to contain Sodium Cyclamate which is not permitted under the Artificial Sweeteners Order, 1953. After correspondence with the Analyst, and the Ministry of Agriculture, Fisheries and Food, the Clerk of the Council advised that no further action be taken.

1 Informal sample of Cod Liver Oil B.P. was found to be deficient in Vitamin A activity. A formal sample was obtained and this proved to be genuine. A warning letter was sent to the firm concerned regarding the informal sample.

1 Informal sample of Parrishes Food B.P. was found to be incorrectly labelled as "B.P." It was found that this was old stock and the remainder (1 bottle) was destroyed.

1 Formal sample of Bread submitted as the result of a complaint was found to contain a mass of dough which had been altered in physical characteristics. Representatives of the firm concerned were interviewed and were of the opinion that the sample consisted of bread crumbs and dextrines which are in normal use in breadmaking. The Analyst did not disagree with this contention and stated that there was no way of proving this scientifically. After consultation with the Clerk of the Council, a warning letter was sent to the firm concerned.

1 Informal sample of Droxalin Tablets was found to be a proprietary medicine not conforming to the requirements of Section ii(2) (a) (iii) of the Pharmacy and Medicines Act. After much correspondence with the Analyst and with the manufacturers, no further action was taken.

1 Formal sample of Sliced Peaches submitted as the result of a complaint was found to contain a large insect of the grasshopper family. Legal proceedings were instituted the results of which are reported in the Table on page 77.

Other Cases.—As a result of a complaint, the Assistant County Public Health Inspector took possession of a jar of cocktail onions which contained a piece of glass. A representative of the firm concerned was interviewed and a warning letter sent.

Following a complaint from a member of the public that a tin of Beef Slices contained a small knife, legal proceedings were instituted against the firm concerned with the results as shown in Table on page 77.

Following a complaint from a member of the public that a sweet contained a piece of metal, legal proceedings were instituted against the firm concerned with results as shown in the Table below.

Following a complaint from a member of the public that an iced bun contained a splinter of wood, the matter was investigated and it was found that there was an element of doubt as to whether the splinter had been baked in the bun or not. No further action was taken.

Following a complaint from a member of the public that a Mint Imperial contained a piece of wood, Statements of Evidence were obtained, but the Clerk of the Council decided to send a warning letter.

Table 108: Court Proceedings

Magistrates' Court	Analysis	Result	Fine	Costs
Wellington	Bread containing dough badly stained with iron compound.	Guilty (Plea of guilty)	£40	£17 2 0
Market Drayton	Sweets, one of which contained a piece of metal.	Guilty (Plea of guilty)	£20	£9 12 0
Oswestry	A tin of sliced roast beef containing a knife.	Guilty (Plea of not guilty)	£25	£10 10 0
Wellington	Bread contaminated with badly soiled and dirty dough.	Conditional discharge (Plea of guilty)	—	£16 10 0
Market Drayton	Sliced peaches containing a large insect of the grasshopper family.	Guilty (Plea of guilty)	£15	£11 5 0

Table 109: Food and Drug Samples Analysed by the County Analyst

Samples	Total	Formal		Informal	
		Genuine	Adulterated or below standard	Genuine	Adulterated or below standard
Baking Powder	2	—	—	2	—
Beverages	3	—	—	3	—
Blancmanges, Cornflour and Custard Powders	9	—	—	9	—
Bread and Biscuits	10	—	5	5	—
Butter	8	—	1	7	—
Cake, Pudding and Sponge Mixtures	8	—	—	8	—
Cakes, Puddings and Confectionery	6	2	—	4	—
Cereals	5	—	—	5	—
Cheese and Cheese Products	7	—	1	5	1
Chewing Gum	4	—	—	4	—
Coffee and Coffee Products	4	—	—	4	—
Flavoured, Condensed, Evaporated and Dried Milk	10	—	—	10	—
Condiments	14	—	—	14	—
Cream	8	—	—	8	—
Fats and Oils (Cooking)	10	—	—	10	—
Fish and Fish Products	10	—	—	10	—
Flavourings and Colourings	7	—	1	5	1
Flour	9	—	—	9	—
Fruit, Dried	9	—	—	9	—
Fruit Juices	6	—	—	6	—
Fruit, Tinned and Fresh	8	—	1	7	—
Gelatine	1	—	—	1	—
Gravy Browning and Salt	3	—	—	3	—
Herbs, Spices and Stuffing	9	—	—	9	—
Ice Cream	3	—	—	3	—
Jam, Marmalade, etc.	15	—	—	15	—
Jelly and Jelly Crystals	4	—	—	4	—
Lemonade Crystals	3	—	—	3	—
Margarine	8	—	—	8	—
Marzipan and Almond Paste	2	—	—	2	—
Meat and Meat Products	27	—	1	26	—
Medicines and Drugs	66	—	—	62	4
Nuts	2	—	—	2	—
Pickles	4	—	—	4	—
Rice and Rice Products	3	—	—	3	—
Sago, Tapioca, etc.	6	—	—	6	—
Sauces	13	—	—	13	—
Sausage	1	—	—	1	—
Soft Drinks	14	—	—	13	1
Soups	7	1	—	6	—
Spreads	2	—	—	2	—
Sugar, Glucose, etc.	10	—	—	10	—
Sweets	6	—	—	6	—
Syrup and Treacle	4	—	—	4	—
Tea	5	—	—	5	—
Vegetables	12	1	—	11	—
Wines, Spirits, Beer, etc.	34	14	—	20	—
Yeast	2	—	—	2	—
TOTAL	423	18	10	388	7

Sampling of Raw Milk.—At least once a year, the County Sampling Officers obtain individual cow samples of raw milk which is sold by retail; these are tested for the presence of brucella abortus. In addition bulk herd samples are taken for biological examination at least once a year.

When a sample is found to be positive for brucella abortus, action is taken under Section 31 of the Food and Drugs Act, 1955, by which it is an offence for milk to be sold from the animal excreting the organism. It is incumbent on the owner of the herd to take every precaution to prevent milk from the diseased animals contaminating the milk from the other animals in the herd. Usually the infected animals are taken out of the herd and sold for slaughter.

There are 125 herds in the County producing milk for retail sale which is sold without heat treatment.

Table 110: Sampling of Raw Milk Supplies

Source	Brucella Abortus								
	Bulk Samples			Individual Samples					
	Herds Investigated	Samples		Herds Investigated	Herds		Samples Obtained	Samples	
		Neg.	Pos.		Neg.	Pos.		Neg.	Pos.
Untreated retail	98	107	4	113	96	17	2,767	2,703	64
Undesignated Consents ..	11	18	—	3	3	—	57	57	—
School Supplies	2	3	—	1	1	—	2	2	—
Hospital Dairy Farm ..	1	1	—	—	—	—	—	—	—
TOTAL ..	112	129	4	117	100	17	2,826	2,762	64

Of the 117 herds sampled for brucella abortus, 18 were herds not previously tested and 5 (27%) of these involving 23 individual animals, were found to be positive. Of the remaining 99 herds, 12 (12%) involving 41 animals were found to be positive of which 14 had not been previously tested, being animals bought at markets. Of the total of 64 positive animals 37 (57%) had not previously been tested.

In addition to the samples shown in the table above, 160 herd samples were obtained for testing for tubercle bacilli. All proved to be negative.

Of the 64 infected animals above, 16 were sold for slaughter one was used for rearing beef calves and in the remaining 47 cases the milk was sent for heat treatment.

Milk in Schools Scheme.—Approval of milk supplied to schools is normally restricted to that designated either as "Pasteurised" or "Untreated" and whenever "Pasteurised" milk is available this is supplied. Of the maintained, grant-aided and independent schools in the County receiving liquid milk, 331 had pasteurised and 2 had untreared milk.

A census taken by the County Education Department in 1965 showed that 81 per cent of the pupils in attendance at these schools received liquid milk under the Milk in Schools Scheme.

Examination of School Milk Supplies.—Samples of all school milk supplies are examined as far as possible once a quarter. All samples are put to a Methylene Blue Colour test to determine the keeping quality of the milk and, in the case of "Pasteurised" milk, also to a Phosphatase test to determine whether the milk has been properly heat treated. The following table summarises the results of the examination of samples taken during 1965.

Table 111: Examination of School Milk Supplies

Grade	Samples taken	Methylene Blue Test			Phosphatase Test	
		Satisfactory	Unsatisfactory	Void*	Satisfactory	Unsatisfactory
Pasteurised	126	100	23	3	124	2
Untreated	5	5	—	—	—	—
TOTAL ..	131	105	23	3	124	—

*These samples were declared "void" because the atmospheric shade temperature at which they were stored in the Laboratory before testing exceeded 65°F.

The twenty-three samples reported above as failing the Methylene Blue Test were taken at the schools at varying times after the milk had been delivered.

Follow-up samples (taken at time of delivery) in respect of these Methylene Blue failures proved to be satisfactory. The above figures suggest that better storage at the schools after the milk is delivered would reduce the number of Methylene Blue Test failures.

Investigations were made at the two pasteurising plants concerned in respect of the Phosphatase failures. Faults were corrected and further samples proved to be satisfactory.

Milk (Special Designation) Regulations, 1963—1965.—The County Council, as Food and Drugs Authority for the County (other than the Borough of Shrewsbury) are responsible for the licensing of premises used for the pasteurisation and sterilization of milk, and since the 1st January, 1961, have been responsible for issuing Milk Dealer's Licences, other than those issued to the Milk Marketing Board.

The Milk (Special Designation) (Amendment) Regulations 1965, prescribe from 1st October 1965, a new special designation "Ultra Heat Treated" for milk which has been processed by the ultra high temperature method, i.e., heated to not less than 270°F. for not less than one second.

The milk is required to satisfy the prescribed colony count test.

The issuing of licences to Dealers to use the new special designation "Ultra Heat Treated" as with the other heat treated milks "Pasteurised" and "Sterilised" is the responsibility of the County Council as Food and Drugs Authority. The licensing period is the same as for the other heat treated milks, i.e., five years.

It is not visualised that any of the processors in this County will adopt this process in the near future.

Licences issued, valid until 31st December, 1965, are thereafter renewable for periods of five years. They cover milk bottled on the dealers' premises as well as "pre-packed" milk which is obtained by the licensed dealer in the container in which it is delivered to the consumer, and are also issued for vending machines.

Dealers' Licences.—Licenses issued by the County Council in 1965 included 257 Dealers' (Pre-packed) licences (which cover "Untreated," "Pasteurised" and "Sterilised" milks) and 14 Dealers' ("Untreated") licences.

Sterilised Milk.—No licences for the sterilisation of milk have yet been issued in respect of premises in this County.

Pasteurised Milk.—On 1st January, 1961, licences in respect of the five pasteurising establishments were renewed by the County Council, and subject to the conditions prescribed by the above-mentioned Regulations remained operative until 31st December, 1965.

All such establishments are inspected regularly and the equipment and methods of production checked.

Samples of milk are also obtained and submitted for the statutory phosphatase test, which determines whether heat treatment has been properly carried out, or whether, after such treatment, the milk has been "contaminated" by the addition of raw milk.

Tests are made to determine the sterility of bottles and churns used at the various pasteurising plants. Of 33 tests made during the year, 26 were satisfactory. The dairy responsible for most of the 7 failures has now ceased production and the licence has not been renewed.

Milk samples obtained during 1965 from pasteurising establishments licensed by the County Council numbered 181, of which 179 passed and 2 failed the Phosphatase Test. Investigations of the two plants concerned were carried out and further samples proved to be satisfactory.

Attested Area.—The whole of the County became an Attested Area on 1st October, 1959. This means that all the cattle in both dairy and beef herds are "Attested" animals, i.e. those which have been examined by a Veterinary Officer and found clinically free from Tuberculosis and also have not reacted to the single intradermal comparative Tuberculin Test. All Attested animals in the County are at present subjected to examination and test at least once every twelve months. Positive reactors found in any herd are sent for slaughter and the remaining animals are further tested after two months, six months and again after twelve months, and, if no further positive reactors are found, routine testing is resumed. If further reactors are found, the procedure is repeated.

A farmer holding a licence to produce untreated milk must have only Attested animals in his herd and must also satisfy the Ministry of Agriculture, Fisheries and Food that his premises, water supply and handling and production methods meet the requirements governing the issue of such licences.

The Milk (Special Designations) (Specified Areas) Orders, 1956—60.—When a "Specified Area" is declared by the Ministry (and this is now applied to the whole of England and Wales) only "designated milk" (i.e. Pasteurised, Sterilised or Untreated milk) may be sold by retail for human consumption (other than catering sales) in the districts in that area. Where, however, any part of a district cannot be supplied with milk from a designated source, the Minister may grant a "consent" to a farmer to supply customers with non-designated milk; the customers are named on the consent form and permission to supply is for a limited period, usually one year. (See also Table 112).

Milk from an Attested herd which is not licensed for the production of Untreated milk cannot be sold by retail in a Specified Area, unless it is either pasteurised or sterilised, or a consent has been granted by the Minister.

Cream is exempt from these requirements and may be sold within a Specified Area either as Pasteurised or Sterilised Cream, or without heat treatment.

Samples are obtained regularly from the various retailers who trade in the County and particulars of those taken by Sampling Officers of the County Health Department during 1965 are given in the table following:

Table 112: Sampling in Specified Areas

Grade	Samples Tested	Phosphatase Test		Methylene Blue Test			Turbidity Test	
		Passed	Failed	Passed	Failed	Void*	Passed	Failed
Pasteurised	893	890	3	838	24	31	—	—
Channel Islands Pasteurised	232	230	2	208	8	16	—	—
Untreated Channel Islands Farm Bottled	127	—	—	113	11	3	—	—
Untreated Channel Islands Bottled	7	—	—	6	—	1	—	—
Untreated Farm Bottled	271	—	—	236	24	11	—	—
Untreated Bottled	25	—	—	25	—	—	—	—
Sterilised	128	—	—	—	—	—	128	—
TOTAL FOR 1965	1,683	1,120	5	1,426	67	62	128	—
TOTAL FOR 1964	1,793	1,121	—	1,281	118	94	300	—
TOTAL FOR 1963	1,845	1,207	—	1,352	51	56	386	—
TOTAL FOR 1962	1,959	1,317	2	1,461	60	37	401	—
TOTAL FOR 1961	1,562	994	2	1,133	70	52	307	—
TOTAL FOR 1960	1,992	1,153	—	1,404	78	164	346	—

*This test is declared void when the atmospheric shade temperature at which the sample is stored in the Laboratory before testing exceeds 65°F.

In the case of those retailers whose milk failed the prescribed test, the facts were reported to the appropriate licensing authority.

SANITARY CIRCUMSTANCES OF THE COUNTY

The County Medical Officer of Health is required to inform himself as far as is practicable respecting all matters affecting or likely to affect the public health of the County, and be prepared to advise the County Council on any such matter; for this purpose he shall visit the several county districts as occasion may require, giving the Medical Officer of Health of each county district prior notice of his visit so far as this may be practicable.

He shall in each year make an Annual Report to the County Council on the sanitary circumstances and sanitary administration of the County.

The Public Health and Housing Committee of the County Council in December, 1943, decided that fuller information regarding the sanitary circumstances in the various county districts, and in the County as a whole, should be made available to them; the Health Committee of the County Council reiterated on two occasions in 1962 their wish that this should continue.

Housing.—The information supplied by District Medical Officers of Health relating to housing is summarised in Table X on page 122.

At the time the report was prepared returns had not been received from the Borough of Wenlock.

Only when the omissions from this and other Tables which follow are filled and the facts known, can a logical programme be planned and carried out for the improvement of houses and other sanitary facilities which come within the jurisdiction of a local authority.

The Minister of Housing and Local Government has continued to press local authorities to deal with the repair and improvement of properties capable of being rendered fit at a reasonable expense, and the demolition of unfit houses and the re-housing of those displaced. He has also informed them that they should programme for their housing needs and it is a clear duty of local authority representatives and officers responsible for housing, to deal with these major problems.

Some local authorities in the County are to be congratulated for the work carried out under the Housing Acts; other authorities still have no real programmes for dealing with housing at the present time, though it is hoped that they will formulate plans.

Unless some of the local authorities in the County change their present housing policy, slum properties which are occupied to-day will continue to be occupied for the next twenty or thirty years.

In Table X the number of houses demolished included in clearance areas is shown as 95, a decrease of 114 properties below the 1964 figure, and other individually unfit houses demolished are shown as 168, a decrease of 44 compared with the figure for 1964.

In addition 238 houses have been closed, compared with 288 in 1964. This figure, as mentioned in previous reports, is exceedingly high, especially when compared with houses demolished in clearance areas and as individually unfit houses.

From the above figures the Table shows that 78 houses were demolished in 3 of 5 Boroughs; 67 were demolished in 5 of 9 Urban Districts, and 118 were demolished in 10 of 10 Rural Districts, so that in 2 Boroughs and 4 Urban Districts, no houses were demolished during the year as being unfit under the Housing Acts. One Borough did not complete the return.

In all, 636 houses have been improved with standard or improvement Grants. This annual figure will be reduced as housing conditions are improved throughout the County.

Housing Acts, 1936 to 1961.—Contributions paid to District Councils.—Under the provisions of these Acts, the County Council are required to make annual contributions to District Councils in respect of houses provided as accommodation for members of the agricultural population and also in respect of other houses provided by a District Council where the rents are substantially lower than the average and the provision of such accommodation is likely to place an undue financial burden upon the District. The contributions vary from £1 per annum for each house for 40 years to £2 10s. 0d. per annum for each house for 60 years, and the following are the particulars of County Council contributions made up to the end of 1965:

Table 113: Grants paid by the County Council up to 31st December, 1965, under the Housing Acts, 1936—61

District	Houses eligible for grants	Grants	
		Paid in 1965	Total
		£	£
Atcham Rural	163	—	4,000
Bridgnorth Rural ..	78	149	2,223
Clun Rural	107	161	2,976
Dawley Urban	465	—	11,263
Drayton Rural	82	322	2,191
Ellesmere Rural ..	135	189	3,625
Ludlow Rural	44	—	1,236
Oswestry Rural ..	52	73	1,523
Shifnal Rural	19	—	526
Wellington Rural ..	82	224	2,305
Wem Rural	49	—	1,222
Wenlock Borough ..	16	—	440
TOTAL ..	1,292	1,118	33,530

Water Supply.—Table 114 below summarizes the information supplied by the District Medical Officers of Health relative to water supplies in their area.

Table 114: Water Supplies.—Summary of Answers to Questionnaires

Medical Officer and District	Houses in District	Water Supplies				Other Supplies (Wells, Streams Pumps, etc.)
		Public Mains		Private Mains		
		Piped	Stand Pipe Supplies	Piped	Stand Pipe Supplies	
Dr. Smith						
Ellesmere Urban	820	820	—	—	—	—
Ellesmere Rural	2,175	†	†	†	†	†
Wem Urban	997	969	18	—	—	10
Wem Rural	3,399	589	39	642	89	2,040
Whitchurch Urban ..	2,422	2,422	—	—	—	—
Dr. Moore						
Oswestry Borough ..	4,272	4,253	2	13	—	4
Oswestry Rural	5,629	†	†	†	†	†
Dr. Capper						
Ludlow Borough	2,452	2,359	93	—	—	—
Dr. Hall						
Atcham Rural	8,248	5,995	110	526	47	1,570
Bishop's Castle Borough	463	428	23	6	3	3
Church Stretton Urban ..	1,102	†	†	†	†	†
Clun Rural	3,046	1,452	5	365	—	1,224
Ludlow Rural	4,453	†	†	†	†	†
Dr. Turnbull						
Bridgnorth Borough ..	3,096	3,080	11	2	—	3
Bridgnorth Rural	4,499	2,990	34	376	—	1,099
Wenlock Borough ..	†	†	†	†	†	†
Dr. Cartwright						
Dawley Urban	3,355	3,036	313	—	—	6
Dr. McCaully						
Drayton Rural	2,711	1,868	32	52		759
Market Drayton Urban ..	2,199	2,169	27	—	—	3
Vacant						
Newport Urban	1,698	1,668	29	—	—	1
Oakengates Urban ..	5,206	5,184	22	—	—	—
Shifnal Rural	4,292	3,617	9	263	—	403
Wellington Urban ..	4,860	4,856	4	—	—	—
Wellington Rural	8,982	7,821	—	184	—	977
Dr. Mackenzie						
Shrewsbury Borough ..	16,424	16,406	—	—	—	18

†Figures not available or not known

May I repeat that it is disappointing to find that a number of local authorities do not have the information available as asked for in the above table. The formation of the Water Boards in the County does not alter the law which places a clear responsibility on the local authorities to require pure and wholesome water supplies in accordance with the Public Health Act.

Local authorities should require all owners of properties within a reasonable distance from the public main to provide a sufficient satisfactory pure and wholesome supply to the property.

From the above incomplete table it may be seen that at least 910 properties still rely on getting their supplies from stand pipes. Every endeavour should be made to have the water taken into these properties unless they are a long distance from the mains or the properties are to be dealt with by demolition in the immediate future.

Sewage Disposal.—Particulars of the sewage disposal facilities available in the various sanitary districts are summarized in Table 115 below.

Table 115: Sewerage—Summary of Answers to Questionnaires

Medical Officer and District	Houses in District (Perm. and Temp.)	Sewage Disposal						
		Connected to disposal works owned by local authority	Connected to satisfactory private disposal or treatment plants	Without satisfactory means of sewerage	Houses using chemical, pail, earth or privy closets		Collection of night soil by local authority	
					With proper means of disposal	Without proper means of disposal	Houses	Frequency
Dr. Smith								
Ellesmere Urban	820	761	59	—	—	—	—	—
Ellesmere Rural	2,175	265	†	†	†	†	—	—
Wem Urban	997	961	30	6	15	—	4	Weekly
Wem Rural	3,399	695	†	†	†	†	—	—
Whitchurch Urban	2,422	2,227	†	†	—	—	—	—
Dr. Moore								
Oswestry Borough	4,272	4,220	48	4	—	—	—	—
Oswestry Rural	5,629	2,552	1,955	1,122	†	†	—	—
Dr. Capper								
Ludlow Borough	2,452	2,393	37	22	22	—	—	—
Dr. Hall								
Atcham Rural	8,248	3,342	3,744	1,162	1,490	332	—	—
Bishop's Castle Borough	463	400	40	23	18	—	—	—
Church Stretton Urban	1,102	951	†	†	†	†	—	—
Clun Rural	3,046	†	†	†	†	†	—	—
Ludlow Rural	4,453	825	†	†	†	†	—	—
Dr. Turnbull								
Bridgnorth Borough	3,096	3,024	63	9	—	—	—	—
Bridgnorth Rural	4,499	961	2,419	1,119	1,196	—	—	—
Wenlock Borough	†	†	†	†	†	†	†	†
Dr. Cartwright								
Dawley Urban	3,355	2,724	278	353	353	—	353	Weekly
Dr. McCaully								
Drayton Rural	2,711	671	1,170	870	870	—	—	—
Market Drayton Urban	2,199	2,109	58	32	25	—	—	—
Vacant								
Newport Urban	1,698	1,685	5	8	—	8	—	—
Oakengates Urban	5,206	5,071	8	127	127	—	127	Weekly
Shifnal Rural	4,292	3,044	†	†	†	†	—	—
Wellington Urban	4,860	4,853	4	3	3	—	—	—
Wellington Rural	8,982	6,825	†	†	†	†	196	Weekly
Dr. Mackenzie								
Shrewsbury Borough	16,424	16,134	206	84	84	—	—	—

† Figures not available or not known.

From the above table it may be seen that a number of Authorities need to step up work on sewerage and sewage disposal in their districts. It is essential that proper means of sewerage and sewage disposal are provided to all properties in the County, especially in areas where improved water supplies have been provided.

A number of schemes are in course of preparation by Local Authorities, but work on a great many others has still to be commenced.

Refuse Collection and Disposal.—Table 116 below summarizes the position with regard to refuse collection and disposal during 1965.

Table 116: Refuse Collection and Disposal

District	Parishes or Wards where refuse is		Frequency of Collection	Method of Collection	Method of Disposal
	Collected	Not Collected			
Atcham R. ..	All	—	Fortnightly	Council	Controlled
Bishop's Castle B.	All	—	Weekly	Council	Semi-Controlled
Bridgnorth B. ..	All	—	Weekly	Council	Controlled
Bridgnorth R. ..	All	—	Weekly and fortnightly	Council	Semi-controlled
Church Stretton U.	All	—	Weekly	Council	Semi-controlled
Clun R.	All	—	Weekly and fortnightly	Council	Semi-controlled
Dawley U.	All	—	Weekly	Council	Controlled
Drayton R. ..	All	—	Every 11 Days	Council	Controlled
Ellesmere U. ..	All	—	Fortnightly	Contract	Semi-controlled
Ellesmere R. ..	All	—	Fortnightly	Council	Semi-controlled
Ludlow B.	All	—	Weekly and twice weekly	Council	Controlled
Ludlow R. ..	All	—	Weekly and fortnightly	Council	Semi-controlled
Market Drayton U.	All	—	Weekly	Council	Controlled
Newport U. ..	All	—	Weekly	Council	Semi-controlled
Oakengates U. ..	All	—	Weekly	Council	Controlled
Oswestry B. ..	All	—	Weekly	Council	Controlled
Oswestry R. ..	12	1	Weekly to monthly	Council	Controlled
Shifnal R.	All	—	8—10 days	Council	Controlled
Shrewsbury B. ..	All	—	Weekly	Council	Controlled
Wellington U. ..	All	—	Weekly	Council	Controlled
Wellington R. ..	All	—	Weekly	Council	Semi-controlled
Wem U.	All	—	Weekly	Council	Controlled
Wem R.	All	—	Fortnightly	Contract & Council	Uncontrolled and controlled
†Wenlock B. ..					
Whitchurch U. ..	All	—	Weekly	Council	Controlled

†Not available

Refuse collection services have improved over the years in all districts. Some Authorities provide a better and much more efficient service than their neighbours. Many make-do and insanitary receptacles are still being used for the storage of refuse, and I feel that the Officers concerned should take the action necessary to ensure that every household is provided with sufficient and suitable refuse bins in order that no nuisance is created by improper storage, or that danger to health is increased as a result of household refuse being left exposed to flies and vermin.

Some refuse tips in the County are properly controlled in accordance with the recommended standards laid down by the Ministry. Others are not, and in some cases no real attempt is made to carry out controlled tipping. It is difficult to understand why Authorities permit this state of affairs to continue, which creates nuisance, breeds vermin and spreads disease.

The Authorities carrying out proper controlled tipping have accepted that this is a cost that must be borne by them in this day and age, and it is hoped that other defaulting Authorities will see their folly and provide equipment and manpower in order to maintain proper controlled tipping at their tips.

WATER SUPPLIES

Regrouping of Water Undertakings.—An application was made in November, 1962, by the East Shropshire Water Board to the Ministry of Housing and Local Government for an Order under the Water Act, 1945, and on 1st April, 1963, an enlarged Board was formed. The area of the Board now covers the following Local Authorities:

Ludlow Borough
Wenlock Borough
Dawley Urban
Market Drayton Urban
Newport Urban
Oakengates Urban
Wellington Urban
Wem Urban
Whitchurch Urban
Bridgnorth Rural
Drayton Rural
Ludlow Rural
Shifnal Rural
Wellington Rural
Wem Rural

Bridgnorth Borough still remains as part of the Wolverhampton Water Undertaking.

The formation of the West Shropshire Water Board, which amalgamated the remaining Local Authorities within the area of the County, was completed and the Board came into operation on 1st April, 1964. The area of the Board now covers the following Local Authorities:

Bishop's Castle Borough
Oswestry Borough
Shrewsbury Borough
Church Stretton Urban
Ellesmere Urban
Atcham Rural
Clun Rural
Ellesmere Rural
Oswestry Rural

Local Government Act, 1958.—Table 117 on page 85 gives particulars of the grants which have been *paid or promised* by the County Council under Section 56 of the Local Government Act, 1958.

It will be noted that, up to the end of 1965, the actual or estimated cost of these schemes amounted to £146,014, and that the grants promised by the County Council amounted to a possible total of £48,123.

In July, 1953, the County Council adopted a report which recommended that only in very exceptional circumstances would there be need for County Council aid towards the cost of urban water supply schemes.

The following table gives particulars of the only urban water supply scheme submitted for grant purposes by District Councils up to the end of 1965, and which the County Council had approved in principle for grant purposes, subject to the submission of final details.

District	Description of Scheme	Estimated Cost
Newport Urban	For the augmentation of existing water supply and reservoir facilities	£29,400

Rural Water Supplies and Sewerage Acts, 1944 to 1955.—Under these Acts, a sum of £75,000,000 has been placed at the disposal of the Minister of Housing and Local Government to assist Local Authorities in the provision or improvement of water supplies and sewage disposal facilities in rural areas.

Where the Minister undertakes to make contributions under these Acts towards the cost of schemes of Local Authorities, the County Council, by Section 2 of the Act of 1944, are also required to contribute.

Particulars of grants in respect of water supply schemes which were *paid or promised* by the County Council under these Acts up to the end of 1965 are given in the table on page 86.

NOTE: Particulars of water supply schemes in respect of which applications for grants were received from District Councils up to the end of 1965, and which the County Council have approved in principle for grant purposes, subject to the submission of final details, are given in the tables on pages 87 to 90.

Table 117: Local Government Act, 1958

Water Supply Schemes—Grants paid or promised by the County Council

District	Scheme	Approved by C.C.	Scope of Scheme		Estimated Cost	Ministry Grant	Loan		Annual Charges		County Council Grant		
			Houses	Inhabitants			Authorised	Period (Years)	Loan	Maintenance	Basis	Maximum	Paid to 31 Dec. 65
					£	£	£		£	£		£	£
Atcham Rural ..	Pimhill	4/5/35	288	1,152	16,300	2,500	14,820 1,480	30 15	858	698	50% annual deficit	6,675	5,091
	West Atcham ..	2/5/36	1,876	7,596	75,100	15,000	57,297	30	4,285	700	,,	24,000	19,189
Bridgnorth Rural ..	Stottesdon	6/11/37	28	100	2,660	250	3,100	30	153	50	Block Grant	250	250
	Kinlet	6/11/37	27	100	1,350	150			48	30	,,	150	150
Clun Rural	Bucknell	27/7/35	72	280	2,915	200	—	25	169	20	50% annual deficit	885	99
	Worthen and Brockton	1/5/37	88	350	4,500	400	5,100	30	225	—	,,	1,245	729
	Kempton	1/2/36	31	110	2,200	250	1,650	30	—	—	Block Grant	300	300
Drayton Rural ..	Woore	3/11/34	137	524	4,080	—	3,655 425	30 25	189	378	50% annual deficit	885	465
	Hodnet	4/5/35	118	400	3,887 (Actual)	450	—	—	—	—	Block Grant	900	900
	Ightfield	7/11/36	119	468	6,550	75	6,475	30	—	—	50% annual deficit	3,179	1,015
	Norton-in-Hales ..	24/7/37	67	200	1,970	—	1,505	30	106	127	,,	1,656	541
Ludlow Rural ..	Clee Hill	6/11/37	511	1,930	5,516	—	5,516	30	317	108	33% annual deficit	1,837	1,657
Oswestry Rural ..	Weston Rhyn ..	2/2/35	—	—	900	150	750	30	58	—	Block Grant	150	150
	Llanymynech ..	2/11/35	93	372	8,500	1,850	—	—	—	—	,,	1,850	1,850
	Nantmawr	7/11/36	27	108	1,268	—	1,160	30	68	5	50% annual deficit	639	314
	Gronwen	7/11/36	10	40	437	—	373	30	23	2	,,	225	51
	Llynclys	7/11/36	24	96	783	—	746	30	14	5	,,	415	153
	Selattyn (Extension) ..	7/11/36	1,186	4,744	1,748	—	1,748	30	92	277	,,	2,032	1,355
Wellington Rural ..	Edgmond	2/11/35	200	800	5,350	850	—	—	—	—	Block Grant	850	850
					£146,014							£48,123	£35,109

Table 118: Rural Water Supplies and Sewerage Acts, 1944 to 1955

Water Supply Schemes—Grants paid or promised by the County Council

Authority	Scheme	Approved	Estimated Capital Cost	Exchequer Grant			County Council Grant		
				Lump Sum	Half-Yearly Payments	Period (Years)	Annual Maximum	Period Payable (Years)	Paid to 31st Dec., 1965
			£	£	£	—	£		£
Atcham Rural ..	Alberbury Borehole	July, 61	17,435	2,000	—	—	148	30	592
	Alberbury Low Level	Mar., 63	31,547	—	242	30	439	30	439
	Charlton Hill Mains, Haughmond Hill and Pimhill Reservoir, Charlton Hill and Bull Farm Reservoirs	July, 64	155,407	—	1,648	30	3,048	30	872
		Sept., 60	122,903	—	785	30	1,570	30	4,710
	Condover	Nov., 61	5,051	1,532	—	—	77	30	140
	Cound Moor—Extension	Mar., 63	24,467	—	285	30	383	30	312
	Extension to Dorrington and Ryton, Sheinton and Venus Bank	Nov., 61	12,278	—	126	30	183	30	322
	Eaton Constantine—Extension	April, 61	12,067	1,850	—	—	137	30	411
	Picklescott	May, 63	149,493	—	1,875	30	2,676	30	2,106
	Pimhill (East and West)	April, 61	8,565	1,000	—	—	74	30	296
	Pontesford Hill	May, 47	138,402	58,000	—	—	2,285	30	37,420
	West Atcham and Pimhill (Extension) ..	Nov., 56	22,500	—	200	30	400	30	3,624
	West Atcham (Extension)	Nov., 59	75,300	—	500	30	1,000	30	3,000
	Uckington	May, 53	1,844	600	—	—	62	12	827
Bridgnorth Rural ..	Broughton	May, 47	14,040	1,500	—	—	187	12	2,250
	Claverley	Mar., 54	353,000	70,000	2,014	30	8,054	30	85,846
	Low Level Areas	Nov., 59	41,600	—	340	30	680	30	—
	Low Level Areas (Branch Mains)	Mar., 54	1,850	300	—	—	20	12	254
	Long Common	May, 53	13,650	2,500	—	—	261	12	4,401
	Worfield	July, 61	23,200	—	90*	30	180	30	720
Church Stretton Urban	Church Stretton and All Stretton Wards ..	Nov., 62	136,871	—	930	30	1,860	30	3,588
Clun Rural	Chirbury, Marton and Bent Lont	Nov., 54	21,168	4,000	—	—	205	30	3,075
	Clungunford and Aston-on-Clun	Feb., 59	29,600	—	170	30	340	30	1,020
	Snailbeach	Nov., 54	38,320	4,750	325	30	650	30	6,280
Drayton Rural ..	Hodnet, Ightfield and Moreton Say	July, 61	8,328	1,350	—	—	100	30	900
	Wollerton and Lostford Extensions	Mar., 52	3,700	800	—	—	46	30	—
East Shropshire Water Board	Aston	Sept., 52	3,621	2,000	—	—	84	30	—
	Kinnersley	Dec., 56	7,170	1,250	—	—	88	30	—
	Longdon-on-Tern	Nov., 54	12,530	—	144	30	193	30	—
	Tibberton	May, 62	60,820	—	470	30	940	30	2,820
Ellesmere Rural ..	Myddle	Nov., 64	3,545	1,073	—	—	75	30	—
	Pentre, Platt Bridge and New Marton ..	Nov., 64	96,243	—	1,155	30	2,310	30	—
	Southern Area	May, 62	19,850	—	175	30	350	30	1,050
	Welshampton	Nov. 63	15,440	—	198	30	396	30	396
	Welshampton Extension	Dec., 50	2,270	1,200	—	—	48	20	655
Ludlow Rural ..	Clee Hill (Hill Top)	Sept., 50	4,260	650	—	—	38	30	760
	Coreley	Sept., 50	6,480	600	—	—	50	30	1,011
	Craven Arms	Sept., 50	2,641	550	—	—	28	30	524
	Little Isle and Studley	Mar., 51	4,780	1,900	—	—	96	30	1,273
	Little Stretton and Marshbrook	April, 55	14,238	—	—	—	258	30	3,018
	Rushbury	Nov., 59	134,868	—	130	30	1,760	30	8,480
	South-East Parishes	April, 55	4,209	700	—	—	40	30	601
	Ticklerton	Sept., 59	16,360	—	100	30	200	30	1,400
	Western Area, Munslow Section	Nov., 61	290,100	—	1,850	30	3,700	30	11,836
	Western Area—Stage I	April, 61	12 800	2,000	—	—	148	30	—
Oswestry Rural ..	Branch Mains	Nov., 54	157,776	36,000	850	30	2,850	30	29,835
	Comprehensive Scheme (Priority Portion) ..	Sept., 59	23,800	—	170	30	290	30	1,160
	Llanyblodwel and Crickheath	Nov., 60	32,350	—	230	30	460	30	1,380
	Mardy Reservoir	Sept., 59	127,460	—	485	30	970	30	3,880
	Ruyton-xi-Towns	Nov., 61	172,700	—	750	30	1,500	30	1,154
	South-East Area—Stage II	Nov., 64	223,850	—	1,167	30	2,334	30	—
	South Western Area	May, 62	6,700	—	83	30	166	30	498
Wem Rural	Burlton	Nov., 61	10,500	—	118	30	236	30	944
	Hadnall	May, 62	11,080	—	128	30	256	30	896
	Shawbury Extension	May, 63	1,720	194	—	—	194 (lump sum)	—	—
	Weston and Wixhill-under-Redcastle ..		£2,942,747						£236,976

*The Ministry grant is in respect of the All Stretton Ward only.

Table 119: Rural Water Supplies and Sewerage Acts, 1944 to 1955

Water Supply Schemes submitted up to the end of 1965, and approved in principle for grant purposes

Authority	Seheme	Estimated Cost	Description of Scheme
		£	
West Shropshire Water Board	Alberbury (High Level) ..	220,000	Laying of water mains and reservoirs at Westbury, Pontesbury Hill and Blackmore
	Aston Rogers	4,000	For the extension of existing water supplies from Aston Piggott to Aston Rogers.
	West Atcham	4,664	For the improvement of existing supplies to Drury Lane and Plox Green.
	Buildwas	2,740	For the extension of the Harrington Water mains from Buildwas Power Station to Buildwas.
	Brockton, Lydbury North and Edgton	140,000	For the provision of improved supplies to Brockton, Lydbury North Parish, Brunslow in Edgton Parish, and Kempton and Clunton in Clunbury Parish.
	Cardington	1,500	Extending existing piped water supply to an extra 8 domestie properties in Cardington.
	Clun Rural District— Revised seheme for South-Eastern Area	94,500	For the provision of improved supplies to Hopton Castle, Hopton Heath, Twitchen, Clunbury, Little Brampton, Purslow, Bedstone Village, The Mynde and a conneetion to the extending main at Bucknell.
	Clunbury	11,150	Extending mains supply to Clunbury
	Ellesmere Rural Comprehensive (Northern Area) in progress	241,400	For the provision of piped supply to the parishes of Ellesmere Rural, Hordley, Cockshutt and Petton.
	Lydham, More, Norbury and Wentnor	85,000	For the provision of a piped supply to Lydham, More, Norbury, Wentnor, Whitcott, Criftin, Walkmill and Asterton.
	Neweastle, Whitcott Keysett and Mardu	32,625	For providing a piped water supply to the villages of Newcastle, Whiteott Keysett and Mardu.
	Mains extensions Oswestry Rural District	5,870	For providing a piped water supply to various properties in parishes of Oswestry Rural Distriet.
	Stanwardine—in progress ..	7,700	For the provision of a piped water supply to the hamlet of Stanwardine-in-the-Fields.
	Trefonen	3,080	For providing the village of Trefonen with a piped water supply.
East Shropshire Water Board	Adderley and Moreton Say ..	37,070	For the provision of a piped water supply in the parish of Adderley and part of the parish of Moreton Say.
	Allseott and Waleot	13,500	For providing a piped water supply to the villages of Allscott and Walcot.
	Arleston	1,130	For the extension to Arleston House of an existing water supply at Arleston Hill.
	Astley Abbotts	7,600	For the extension of existing water supplies to the village of Astley Abbotts.
	Bridgnorth Rural Low Level	5,300	For the provision of a piped water supply to Dye Lane and Low Lane areas of Alveley Parish.
	Bridgnorth Rural with Ludlow Rural Joint High Level Seheme (Revised estimate)	493,000	For providing a piped water supply to the high level areas in the West of Bridgnorth Rural Distriet and the east of Ludlow Rural District.
	Brown Heath and Yorton Heath	7,470	Extending water supplies to the Brown Heath and Yorton Heath area.
	Cherrington	1,880	For providing a piped water supply to two farms and farmhouses and ten houses in the parish of Cherrington.
	Carried forward ..	1,421,179	

(*Continued on page* 88)

(*Continuation of table on page* 87)

Authority	Scheme	Estimated Cost	Description of Scheme
		£	
East Shropshire Water Board (*continued*)	Brought forward ..	1,421,179	
	Chetwynd	15,620	For the extension of piped water supplies for the parish of Chetwynd.
	Chetwynd Parish	5,190	For providing a piped water supply for the hamlets of Pickstock, Puleston, Lane End and Ovens Bottom.
	Cleobury Mortimer	855	For the extension of water mains at Catherton Road and Pinkham.
	Cold Hatton	7,540	Extension of water supply to Cold Hatton.
	Crudgington and Waters Upton	20,500	For the provision of a piped water supply to Crudgington, Crudgington Green and Stych Lane.
	Crudgington and Waters Upton Shray Hill extension	3,400	For providing a piped water supply to the Shray Hill area by an extension from Crudgington and Waters Upton main.
	Donnington	3,500	To increase the pressure in the mains on the Donnington Housing Estate.
	Drayton Rural District South-Eastern Parishes	136,100	For the provision of piped water supplies to the South-Eastern parishes of the Rural District.
	Ellerdine Heath and Rowton	37,500	Providing system of water mains to serve Ellerdine Heath, Cold Hatton, Rowton and hamlet of Ellerdine.
	Farley	1,700	For providing a piped water supply to the hamlet of Farley.
	Farmcote and Gateacre Extensions	15,000	For extending a piped water supply to Farmcote and Gatacre.
	Gorsey Bank	6,125	For the extension of an existing water supply at Sheriffhales to the hamlets of Gorsey Bank and Cross Roads.
	Henley Common and Acton Scott Extension	11,300	Extending piped water to Henley Common and Acton Scott.
	High Ercall	4,533	For providing a piped water supply in the village of High Ercall.
	Hinstock	15,500	Extending piped water to part of Hinstock Village.
	The Hollies, Winstansow Extension	675	Extending mains 410 yards to Hollies.
	Hopton Wafers	3,670	For supplying the village of Hopton Wafers with piped water from the Elan Aqueduct.
	Homer and Wig-Wig	4,500	For the extension of the existing water mains in Much Wenlock to the hamlets of Homer and Wig-Wig.
	Horton, Preston and Eyton. ..	8,650	For extending existing water mains to the villages of Horton, Preston and Eyton.
	Hortonwood	2,590	For the extension of a proposed water main in Horton through Hortonwood to Trench Railway Crossing.
	Little Wenlock	10,965	For the improvement and extension of a piped water supply in the village of Little Wenlock.
	Long Lane and Bratton	6,820	For the extension of the Wellington Urban District's mains to the hamlets of Long Lane and Bratton.
	Loppington	12,000	For the provision of a piped supply to the village of Loppington.
	Carried forward ..	1,755,412	

(*Continued on page* 89)

(*Continuation of Table on page* 88)

Authority	Scheme	Estimated Cost	Description of Seheme
		£	
East Shropshire Water Board (*continued*)	Brought forward ..	1,755,412	
	Ludlow Rural Southern-Eastern Parishes—Whatmore extensions	4,104	For extending water main from Coreley Bridge to Whatmore Hill.
	Ludlow Rural Western Area	476,000	For the provision of a piped water supply to a substantial part of the Ludlow Rural Distriet.
	Ludlow Rural Western Area (Soudley Section)	65,500	For the provision of a piped water supply to the parishes of Aeton Scott, Eaton-under-Heywood, Hope Bowdler, Little Stretton, Rushbury and Winstanstow (part).
	Madeley (Beech Road)	1,990	For the extension of an existing piped water supply at Madeley to the Beech Road housing sites.
	Mueh Wenlock	3,680	For augmenting the existing water supply at Much Wenlock.
	Oakengates	35,325	For the improvement of the existing water supply in the Urban Distriet.
	Pitehcroft	850	For the provision of a piped water supply to the hamlet of Pitcheroft.
	Rodington	12,060	For the extension of the existing mains in High Ereall to Rodington.
	Sheriffhales	20,000	For an additional borehole at Sheriffhales and a connection with the Oakengates supply system.
	Silvington and other parishes (Distribution mains)	57,750	For tapping the trunk mains whieh will run through the Parishes of Silvington Loughton, Wheathill and Hopton Wafers upon construction of the Bridgnorth and Ludlow Joint High Level Seheme.
	Sutton Maddoek	1,810	For the extension to Sutton Maddoek of an existing supply at Lay's Corner.
	Sutton and Woodseaves	15,200	Extending piped water supply to Sutton and Woodseaves.
	Stoke Park and Langley Dale ..	2,840	For the extension of an existing main to Stoke Park and Langley Dale.
	Tilstoek and The Raven Prees Heath and Catterals Lane Extensions	19,430	For the extension of the piped water supply to the areas Tilstoek and The Raven, Prees Heath and Catterals Lane, Broughall.
	Ticklerton and Wall	13,000	Extension water supply to the villages of Rushbury and Wall. Construetion of main from Ticklerton to Wall.
	Tong Havannah	4,025	For extending the Shifnal water mains to Tong Havannah.
	Wellington Rural Parish and Dawley	(i)13,750	For eonneeting the Shifnal Rural Distriet's water mains to augment the supply to the Wellington Rural Parish and Dawley.
		(ii)13,030	For improving the existing supply in the Lawley Cross Roads and Overdale Estate areas of the Wellington Rural Parish and the Dawley Bank, Heath Hill, Station Road and Horsehay areas of the Dawley Urban District.
	Wem Rural District	294,000	For the provision of piped water supplies throughout the whole of the Rural Distriet.
	Whitehurch Urban District	66,350	For the provision of a new source of supply to replaee the existing one in the Urban District.
	Carried forward ..	2,876,106	

(*Continued on page* 90)

(*Continuation of Table on page* 89)

Authority	Scheme	Estimated Cost	Description of Scheme
		£	
East Shropshire Water Board (*continued*)	Brought forward ..	2,876,106	
	Woodfield	16,800	For the provision of a new rising main between Woodfield pumping station and Admaston.
	Wistanswick	13,000	For the provision of a piped water supply for the village of Winstanswick and a few properties in neighbouring parish.
Shifnal R.D. ..	Boningale (Guarantee Scheme) ..	10,567	Extension by Wolverhampton Corporation of water mains to serve Patshill Estate with part Seisdon R.D.C.
	TOTAL ..	2,916,473	

SEWERAGE AND SEWAGE DISPOSAL

Local Government Act, 1958.—Under Section 56 of the Local Government Act, 1958, the County Council may make contributions towards urban sewerage and sewage disposal schemes. The Council adopted a report, however, in July, 1959, which recommended that in consequence of the introduction by the Government of the rate deficiency grant, no contribution be made to Borough or Urban District Councils in respect of such schemes, except those towards which the County Council were already contributing or schemes submitted for approval before 1st April, 1959, providing they were commenced before 31st March, 1962.

Particulars of grants which have already been *paid or promised* by the County Council to District Councils are given in the table on page 92.

Rural Water Supplies and Sewerage Acts, 1944 to 1955.—By the end of 1965 grants under these Acts had been *paid or promised* by the County Council in respect of twenty-five sewage disposal schemes, particulars of which are contained in the following table:

Table 120: Rural Water Supplies and Sewerage Acts, 1944—1955

Sewerage Schemes—Grants paid or promised by the County Council

Rural District	Scheme	Approved	Estimated Capital Cost	Exchequer Contribution			County Council Grant			
				Lump Sum	Half-yearly Payment	Period (years)	Annual Maximum	Period (years)	Total Maximum	Paid to 31st Dec., 1965
			£	£	£		£		£	£
Atcham	Bayston Hill I & II	May, 56	17,781	3,000	87	30	345	30	11,158	4,258
	Bayston Hill III	Nov. 61	44,905	—	305	30	610	30	18,300	2,440
	Bomere Heath	Nov. 62	32,479	—	213	30	426	30	12,780	852
	Cross Houses	Nov. 50	17,590	8,750	—	—	393	30	11,790	5,764
	Minsterley	Nov. 63	71,781	—	642	30	1,284	30	38,520	—
	Pontesbury	Nov. 61	26,867	—	190	30	380	30	11,400	1,140
	Hadnall/Battlefield Joint Scheme	Feb. 65	10,311	1,882	—	—	1,882	Lump Sum	1,882	—
Bridgnorth	Alveley	Nov. 63	49,345	—	167	30	334	30	10,020	—
	Claverley	Nov. 56	42,300	—	480	30	960	30	30,294	8,071
	Eardington	Sept. 58	12,900	—	165	30	330	30	10,158	2,238
	Highley Stage 1	Nov. 56	34,200	—	383	30	766	30	24,162	7,636
	Worfield	Sept. 60	3,830	950	—	—	950	Lump sum	950	950
Church Stretton	Church Stretton and District	May 65	280,822	—	1,364	30	2,728	30	81,840	850
Drayton	Hodnet	Nov. 49	14,220	2,400	—	—	122	30	3,660	1,828
Ludlow	Ashford Carbonel	Sept. 57	20,650	—	175	30	320	30	10,246	3,150
	Clee Hill	Sept. 58	28,000	—	480	30	798	30	24,639	6,285
	Clee Hill (Extension)	Nov. 59	5,000	1,250	—	—	1,250	Lump sum	1,250	1,250
	Clee Hill (Craven Arms Inn Extension)	Nov. 61	1,520	250	—	—	250	Lump sum	250	250
	Cleobury Mortimer	Dec. 49	32,000	14,000	—	—	288	30	8,640	3,927
	Craven Arms	Nov. 63	69,000	—	146	30	292	30	8,760	670
Oswestry	Morda	Nov. 54	16,763	3,500	—	—	200	30	6,080	2,080
	Pant and Llanymynech	Sept. 60	73,395	—	475	30	950	30	28,500	2,850
	Weston Rhyn and Chirk (Revised)	Sept. 59	67,130	—	880	30	880	30	26,400	4,400
Shifnal	Shifnal	Feb. 64	58,560	—	370	30	740	30	22,200	1,480
	Beckbury	May 64	27,680	—	113	30	226	30	6,780	452
Wellington	Chetwynd Aston	July 63	42,197	—	369	30	738	30	22,140	—
	Edgmond	April 52	62,700	—	920	30	1,840	30	55,200	5,289
	High Ercall	Nov. 54	10,623	6,500	—	—	285	30	8,335	1,780
	Lilleshall Extension and Donnington	July 63	69,100	—	796	30	1,592	30	47,760	—
Wem	Prees	Feb. 64	115,000	—	1,275	30	2,550	30	76,500	—
	Hadnall	Nov. 64	85,189	—	770	30	1,540	30	46,200	—
Wenlock B.	Madeley (Aqueduct)	July 64	73,015	—	490	30	980	30	29,400	980
			1,516,853				27,229		696,194	70,870

Particulars of sewage disposal schemes submitted by District Councils for grant purposes under these Acts up to the end of 1965, and which the County Council have approved in principle, subject to the submission of final details, are given in the table on pages 93—94, from which it will be observed that the capital cost of these schemes amounted to a total of £3,270,074.

Table 121: Local Government Act, 1958

Sewerage Schemes—Grants paid or promised by the County Council

District	Scheme	Approved by C.C.	Estimated Cost	County Council Grant		
				Basis	Amount promised	Paid
			£		£	£
Bishop's Castle B.	Bishop's Castle ..	Nov. 56	14,650	10% of cost	1,465	1,456
Bridgnorth B.	Bridgnorth	July, 48	90,000	20% of original cost of £62,000	12,400	12,400
Dawley U.	Dawley	Nov., 49	76,650	30% of cost of Phase I: 20% of Phase II	25,905	25,688
Ludlow B.	Ludlow	Dec. 57	259,469	9% of cost	23,352	22,990
Newport U.	Newport	Mar. 57	162,176	6% of cost	9,730	9,730
Oakengates U.	Oakengates	Mar. 57	91,000	11% of cost	10,010	10,010
Shifnal R. ..	Albrighton	Nov. 44	13,077	25% of cost	3,269	3,269
Shrewsbury B.	Bicton Heath ..	Nov. 54	6,800	7% of net cost of £5,800	406	406
	Harlescott	Feb. 53	2,985	—	1,000	1,000
	Shrewsbury	Dec. 57	630,975	5% of cost	31,548	27,000
Wellington U.	Wellington .. .. (Stages 1 & 2) ..	Nov. 54	91,400	7% of cost	6,400	11,602
	Wellington (Stage 3)	April, 55	81,002	7% of cost	5,670	
	Brooklands Estate .. (Trunk Sewer) ..	Nov. 58	8,700	8% of cost	696	440
	Railway Station and Herbert Avenue	Sept. 59	14,000	8% of cost	1,120	542
Wellington R.	Ketley and Lawley ..	May 36	31,975	25% of cost	8,000	8,000
	Donnington and .. Muxton	Feb. 39	18,460	20% of cost	3,692	3,692
	Donnington and Muxton (Extension)	Oct. 39	*9,000	20% of cost	1,400	1,400
	Ditto	May 43	16,850	20% of cost	3,370	3,370
Wem U. ..	Wem (1st portion) ..	April 55	26,800	10% of net cost of £23,500	2,350	1,819
	(2nd & 3rd portions)	Dec. 56	68,900	11% of cost	6,480	5,500
Wenlock B.	Broseley	Feb. 39	8,800	15% of cost	1,320	1,320
	Madeley (Hill Top) ..	Nov. 54	3,300	15% of cost	500	433
Whitchurch U.	Whitchurch	Sept. 57	102,506	3% of cost	3,075	—
			£1,829,475		£163,158	£152,067

*An amount of £2,000 was contributed by the War Department towards the cost of this scheme, thus reducing the capital cost to £7,000.

Table 122: Rural Water Supplies and Sewerage Acts, 1944 to 1955

Sewerage Schemes submitted by District Councils up to the end of 1965, and approved in principle for grant purposes

District	Scheme	Estimated Cost	Description of Scheme
		£	
Atcham R. ..	Longden, Annscroft and Hookagatc	27,800	For the provision of sewerage and sewagc disposal facilities in the villages of Longden, Annscroft and Hookagate
	Uffington, Upton Magna and Withington	86,700	For the provision of sewerage and sewage disposal facilities in the villages of Uffington, Upton Magna and Withington.
Bridgnorth R. ..	Alveley (Revised) ..	49,345	For the provision of sewerage and sewage disposal facilities for the village of Alvcley.
	Ackleton and Stableford	74,000	For the provision of sewerage and sewage disposal facilities for the villages of Ackleton and Stableford
	Chorley	16,000	For the provision of sewerage and sewage disposal facilities for the village area at Chorley.
	Hilton	29,200	For thc provision of sewerage and sewage disposal facilities for the village of Hilton.
	Morville	26,250	For the provision of sewcragc and sewage disposal facilities for the village of Morville.
	Stottesdon	39,960	For the provision of sewerage and sewage disposal facilities for the village of Stottesdon.
	Woodhill	20,900	For the replacement of existing inadequate sewerage and sewage disposal facilities in Woodhill.
	Worfield Extension ..	875	For extension of existing sewer from Worfield to Davenport.
Clun R.	Aston-on-Clun	15,500	For providing sewage disposal facilities in an area as yet unsewered.
	Brockton and Worthen	37,731	For the provision of sewerage and sewage disposal facilities to Brockton and Worthen.
	Bucknell and Bedstone	139,650	For the provision of sewerage and sewage disposal facilities for the villages of Bucknell and Bedstone
	Chirbury	21,000	For sewering the village of Chirbury
	Clun Village	63,525	For the extension and improvement of existing facilities.
Drayton	Calverhall and Ightfield	88,000	For the provision of sewerage and sewage disposal facilities for the villages of Calverhall and Ightfield.
	Cheswardine	14,830	Adaptation and extension of existing sewerage and sewage disposal facilities.
	Woore	24,200	For the provision of sewerage and sewage disposal facilities in the parish of Woore.
Ellesmerc R. ..	Cockshutt	48,184	For the provision of sewerage and sewage disposal facilities in the village of Cockshutt.
	Myddle	129,900	For the provision of sewerage and sewage disposal facilities for the villages of Myddle and Harmer Hill
Ludlow R. ..	Burford	42,000	For sewering the central section of the parish of Burford.
	Clee Hill—Spring Farm	1,810	For the extension of sewers to scrve Spring Farm area
	Munslow	5,500	For the provision of sewage disposal facilities in an area as yet unsewered.
Oswestry R. ..	Gobowen, Whittington and Park Hall	330,000	For sewering the area known as The Rhewl, Gobowen and for the improvement of the present system for Gobowen, Whittington and Park Hall.
	Penygarreg Lane, Pant.	2,632	For sewering of seven dwellings in Penygarreg Lane, Pant.
	Wern	10,500	For sewering the hamlet of Wern.
	Ruyton-xi-Towns ..	86,300	For the provision of sewerage and sewage disposal facilities for the village of Ruyton-xi-Towns.
	Carried forward ..	1,432,292	

(*Continued on page* 94)

(*Continuation of Table on page 93*)

District	Scheme	Estimated Cost	Description of Scheme
	Brought forward ..	£ 1,432,292	
Shifnal R. ..	Albrighton	35,460	For improvement of the existing sewerage system and extension of the sewage disposal works.
	Extension of main sewer Cross Road, Albrighton.	2,091	For extending existing sewer in Cross Road, Albrighton.
	Kemberton	36,300	For the provision of sewerage and sewage disposal facilities for the village of Kemberton.
	Sheriffhales	26,000	For the provision of sewerage and sewage disposal facilities for the village of Sheriffhales.
Wellington U. and R.	Trunk sewer and provision of new joint Disposal Works. Allscott.	182,615	Sewering Wrockwardine Parish
	Hadley and Ketley Sewerage Scheme. ..	123,800	For connecting all areas to east of New Allscott Works.
		501,220	Construction of new Joint Disposal Works at Allscott
		280,500	For improving sewerage system in Hadley and Ketley
Wellington R. ..	Ketley Extensions— Mannerley Lane and The Rock	11,100	For the provision of sewerage facilities for properties at Mannerley Lane and The Rock.
	Preston and Horton ..	43,437	For the provision of sewerage and sewage disposal facilities for village of Preston and hamlet of Horton.
	Roden	9,770	For the provision of sewerage and sewage disposal facilities for the village of Roden.
	Sambrook	44,100	For the provision of sewerage and sewage disposal facilities for the village of Sambrook.
	Tibberton & Cherrington: Tibberton Section ..	44,300	For the provision of sewerage and sewage disposal facilities for the village of Tibberton.
	Cherrington Section	21,000	For the provision of sewerage and sewage disposal facilities for the village of Cherrington.
	Waters Upton	33,560	For the provision of sewerage and sewage disposal facilities for the village of Waters Upton and the Sitch Lane area.
Wem R.	Ash Magna and .. Ash Parva	6,779	To provide sewerage and sewage disposal facilities for the villages of Ash Magna and Ash Parva.
	Ash, Tilstock and Whitchurch Heath ..	120,000	For the provision of proper sewerage and sewage disposal facilities for the villages of Ash, Tilstock and Whitchurch Heath.
	Clive, Preston Brockhurst, Yorton and Grinshill	115,000	For the provision of sewerage and sewage disposal facilities for the villages of Clive, Preston Brockhurst, Yorton and Grinshill.
	Higher Heath	95,000	For the extension of the existing works and the provision of a sewerage system to serve the Higher Heath development.
	Loppington	29,250	For the provision of sewerage and sewage disposal facilities in the village of Loppington.
	Shawbury, Edgebolton and Moreton Mill	76,500	For the provision of sewerage scheme for the village of Shawbury and the adjacent areas of Edgebolton and Moreton Mill.
	TOTAL ..	3,270,074	

During the year work commenced on the following Sewerage Schemes:

District	*Scheme*
Ludlow Rural	Burford
Wem Rural	Shawbury, Clive, Grinshill, Preston Brockhurst

D. COUPS,
County Public Health Inspector

SAMPLING OF EFFLUENTS FROM SEWAGE DISPOSAL WORKS AND WATER COURSES IN THE COUNTY

Severn River Board—Rivers (Prevention of Pollution) Acts, 1951—1961.—Under the provisions of Section 7 of the 1951 Act, all new discharges of sewage and trade effluent had to receive River Board consent.

The principal effect of the 1961 Act was to require the River Board's consent for all discharges of sewage and trade effluent existing before the commencement of the Rivers (Prevention of Pollution) Act, 1951.

Section 1(1) provided in effect that after a date to be appointed by the Minister it would be unlawful to make a discharge of sewage or trade effluent to a stream without making an application for the River Board's consent.

The Minister fixed 1st June, 1963, as the "appointed date". All persons making pre-1951 discharges of sewage or trade waste were required to make application to the appropriate River Board before 1st June to continue to do so.

Under Orders made by the Ministries concerned, the new Severn River Authority came into existence on 15th October, 1964, and commenced to perform its new functions and those transferred from the River Board on 1st April, 1965.

The findings of the Analyst upon the samples of sewage effluents in Shropshire during 1965 may be summarised by saying that of 51 reported upon, 5 were like crude sewage, 21 more were unsatisfactory, 7 were fair and 18 satisfactory.

NURSERIES AND CHILD-MINDERS REGULATION ACT, 1948

Review of arrangements for the administration of the Act in the County of Salop in accordance with Ministry of Health Circular 5/65

CONTENTS

A. INTRODUCTION

(1) The Nurseries and Child-Minders Regulation Act, 1948, was designed to control and regulate the upsurge of private, mainly industrial, nurseries and daily minders of young children necessitated by conditions following the end of the second world war during which such facilities had been provided for working mothers, again mainly in industrial areas, by the various local authority "war-time nursery" and supervised "minding" schemes.

The Act requires the Local Health Authority to keep registers of and empowers them to supervise—

(*a*) **Premises** in their area, other than premises wholly or mainly used as private dwellings, where children below the upper limit of compulsory school age are received to be looked after for the day or a substantial part thereof or for any longer period not exceeding six days and

(*b*) **Persons** in their area who for reward receive into their homes more than two children under five from more than one household, to whom they are not related, to be looked after as aforesaid.

(2) It is mandatory for the Authority to so register unless they by order refuse

(*a*) in the case of premises on the grounds that any person employed or proposed to be employed in looking after children is not a fit person for the purpose or, where the premises were not so used before 30th July, 1948, on the grounds that the premises are not fit to be used for that purpose.

(*b*) in the case of a person, on the grounds that that person or any other employed or proposed to be employed in looking after children is not a fit person to so do or that the premises in which the children are received or proposed to be received are not fit (whether because of the condition thereof or for any reason connected with other persons therein) to be used for the purpose.

(3) The Authority has discretion to order requirements in connection with registration

(*a*) of premises:—

(i) That no greater number of children may be received than that specified.

(ii) The taking of precautions against the exposure of the children received to infectious diseases.

(iii) Prescribing that a person with such qualifications as may be specified shall be in charge of the premises and of other persons employed thereat.

(iv) That the premises shall be adequately staffed as respects numbers, qualifications or experience and adequately equipped.

(v) That the premises and equipment shall be adequately maintained.

(vi) That there shall be adequate arrangements for feeding the children and that an adequate and suitable diet shall be provided.

(vii) That the children received shall be under medical supervision

(viii) The keeping of records relating to children received.

(*b*) of persons:—

(i) That the total number of children received, together with any other children in the house, shall not exceed that specified.

(ii) The taking of precautions against the exposure of the children received to infectious diseases.

(4) The Authority are required to issue certificates of registration containing particulars of the premises or person and listing any requirements ordered.

(5) Penalties are prescribed on conviction for offences of failure to register and the Authority may by order cancel any registration under circumstances which would have justified refusal to register (as specified in 2 above) and in the event of contravention of, or non-compliance with, any requirement imposed (3 above).

(6) Provision is made for fourteen days notice to be given of the Authority's intention to make any order permitted by the Act and of the procedure to be followed in the event of an appeal.

(7) Authorised officers of the Authority are empowered to enter and inspect any premises or the home of any person registered or if there is reasonable cause to believe that children are being received in contravention of the Act and such officers may apply to a Justice of the Peace for a warrant if refused admission. Obstruction of authorised officers constitutes an offence.

(8) The Act does not apply to the reception of children in establishments listed in the Children Act, 1958, certain defined schools or where child life protection enactments are applicable to the main purpose of the establishment.

B. ADMINISTRATION OF THE ACT IN SHROPSHIRE

(1) History

During the ten years from July 1948 when the Act received the Royal Assent, following initial public advertisement, as suggested by the Ministry and periodic reminders to the field staff of the Department, only two persons were registered by the Authority pursuant to Section 1 (I) (b) as Minders. One of these, registered in 1952, did not receive any children and subsequently cancelled her registration and the other, registered at the end of 1956, cancelled her registration in January 1957, the venture having failed financially.

In this same period there was one enquiry from a prospective minder and one industrial concern sought advice, on requirements for private nurseries, but in neither case was an application received for registration, the enquirers having decided not to proceed.

By contrast, during the period since July 1958, there has been a progressive increase in both enquiries and registrations as indicated in the following table:—

Year	Enquiries dealt with	Registrations
1958	1	—
1959	—	—
1960	1	—
1961	7	3
1962	8	1
1963	11	2
1964	23	8
1965 (to date)	15	5*
TOTAL	66	19†

(* includes one registration of a "minder". † includes two registrations withdrawn in 1965)

The sixty-six enquiries (from which eighteen registrations of "premises" and one of a "minder" resulted) do not include numerous telephone enquiries and callers at the Department and vary from requests for information not taken further by the individual, to negotiations involving inspections of premises, discussion and correspondence necessitating a considerable expenditure of both medical and administrative time.

(2) General Arrangements

On receipt of an enquiry from a prospective Nursery Keeper or Child-Minder, the individual concerned is provided with copies of the forms of application for registration (herewith marked Appendix I and II) and notes on model requirements for Nurseries compiled from an article published in the Ministry of Health Monthly Bulletin (Vol. 6) June 1947 by Dr. G. I. Brodie (herewith marked Appendix III) which, together, provide sufficient information as an initial guide for the enquirer who is also advised to seek the views of the Planning Authority on any change in use of buildings and asked to indicate if further information is required or if it is desired to pursue the question of registration.

As a necessary preliminary all applicants and persons proposed to be employed in the care of the children are required to submit a certificate of fitness from their General Practitioner and arrangements are made by the Health Department for each such person to attend a Mass Radiography Unit for a chest x-ray.

Arrangements are then made for a member of the Headquarters Medical staff to interview prospective applicants and inspect and report upon the premises proposed to be used. An inspection and report is also made by the Chief Fire Officer.

On the basis of these reports the decision to recommend the Committee to register or refuse registration is taken and in each case requirements permitted by the Act are ordered; in the case of premises the usual form of these requirements, suitably amplified in items (a) and (c) is as follows and requirements (a) and (b) are ordered in respect of registered minders:

(*a*) That the children received in the specified premises, together with any other children in the premises, shall not at any time exceed the number specified.

(*b*) That adequate precautions be taken against the exposure of the children to notifiable or other infectious or contagious diseases and that the instructions of the County Medical Officer with that object shall be complied with and shall include the following:—

- (i) The keeping of a simple register indicating in respect of each child received, the name, date of birth, address and date of attendance.
- (ii) The immediate notification to the County Medical Officer of Health of the occurrence of any notifiable or other infectious or contagious disease amongst the children received in the premises or amongst the staff or families of the children on the register.
- (iii) The provision (either by the person in whose name the premises are registered or by the parents) of a separate towel and face cloth for each child, clearly marked with the child's name and kept separately from each other and other such articles in the premises.

(*c*) That the person in whose name the premises are registered or another approved person, shall at all times be in charge of children received on the premises and that the number of staff (exclusive of domestic staff) engaged in the care of children shall not be less that that specified in item (a) hereof.

(*d*) That definite arrangements shall be made for a General Practitioner to provide medical care in the event of an emergency.

(*e*) That the specified premises and the equipment thereof shall be adequately maintained at all times.

(3) **Existing Registrations**

Of the seventeen registrations approved at the time of writing, only one relates to a Child-Minder (Section 1 (I) (b)), the remaining sixteen relating to Premises (Section 1(I) (a)) which may be divided into four main groups (viz.):

Group I —Involving one registration where a maximum of twenty children of the approximate age range of 2½-5 years are provided with formal preparatory education during morning only by a Teacher trained by the National Froebel Union and assisted by one other person.

Group II —Comprising three Nurseries operating during mornings only at Service Establishments, registered in the name of the Commander or a Senior Officer and receiving children in the 3-5 year age bracket from Service Families within each of the closed communities only.

Group III —Which consists of three premises, two forming part of places of worship and one modern Village Hall, wherein children from 3-5 years are received for varying periods of less than half a day (e.g. three hours on three mornings per week) on the "play-group" principle. In two of these instances the parents of the children concerned attend on a rota basis at the play group and fees charged are to cover expenses only. In the remaining case the arrangements are of such a modest nature that it would hardly rank as a commercial enterprise.

Group IV —Accounts for nine and therefore the greatest proportion of existing registrations and relates to dwelling houses wherein some part is set aside for the specific purpose of receiving children or where rooms not set aside for children are specifically used for that purpose in addition to other purposes. This group in itself is capable of further sub-division including, as it does, instances of professional people conducting play-groups out of a sense of vocation to include their own children in a wider sphere of interest; and as minor commercial enterprises; of which only one is registered in respect of a sufficient number of children (18) to approach a profit making organisation.

Full particulars of all registrations, sub-divided into the respective groups, are contained in Appendix IV herewith.

(4) **Inspection**

All members of the Department's medical staff are authorised to exercise the power of entry and inspection afforded by Section 7 of the Act; initial inspections being performed by the Headquarters Staff and thereafter, following registration, by the Assistant Medical Officer for the Area in which the premises are situated or the "minder" lives. Such supervision is subject to the proviso that in the case of amendments of the requirements imposed at the time of the registration, failure to comply therewith or other unusual event, further visits are undertaken by Headquarters Staff.

To ensure continuity a form of routine inspection report (herewith Appendix V) is used and, whilst no set frequency is prescribed for these inspections the aim is that premises or minders are visited not less frequently than once each quarter but preferably at monthly to six weekly intervals with more frequent visiting if this is indicated for any reason.

No notice is given of intention to inspect and care is taken to ensure that visits are **not** undertaken regularly at the same time on any given day.

(5) **Application of the Act**

In amplification of the introduction to this review (paragraphs i(a) and (b)) the criteria for the application of the Act may be summarised as follows:

(a) **Registration of Premises**

(i) The premises are not wholly or mainly used as private dwellings.

(ii) The reception of children is undertaken for the day or a substantial part up to six consecutive days.

(iii) The children received are in the age range from 0- 15 years (the upper limit of compulsory school age).

(b) **Registration of Person**

(i) The children are received into the minder's own home.

(ii) The reception of children is undertaken for reward and for the day or a substantial part up to six consecutive days.

(iii) Three or more children from more than one household are involved, and are not related to the minder.

(iv) The children received are in the 0-4 years age range.

The precise wording of the Act, seeking as it does to exclude full-time boarding establishments, the supervision of which is provided for elsewhere, the care of children covered under Child Life Protection arrangements and to avoid constituting "good neighbourliness" by the reception of one or two children of a neighbour an offence, creates certain difficulties of interpretation of which "the day or a substantial part thereof" is of considerable importance.

In the absence of a ruling from the Courts the working basis at present operated in this County is to regard **four hours** as a reasonable minimum.

Premises used for the reception of children or persons receiving children for any periods in excess of **three** hours on any one day are advised to register but proceedings in default of such registration would be difficult to envisage below the minimum of four hours.

Similarly, from an administrative point of view, the wording "premises . . . other than premises wholly or mainly used as private dwellings" gives rise to complication when applying the provisions of the Act to large dwelling houses wherein some part or parts are specifically set aside for the reception of children.

An illustration of these two specific difficulties is provided by informations laid in the alternative on behalf of this Authority on 28th March, 1964, against the Keeper of an unregistered nursery or an unregistered child-minder which were dismissed by the Magistrates.

The prosecutions had been undertaken following the benefit of Counsel's opinion after nearly three years of effort had failed to obtain an application for registration or effect any improvement in the circumstances obtaining in a dilapidated property which had been struck off the Register of Independent Schools (maintained pursuant to the Education Act, 1944) as from 31st July, 1961.

(6) **Modification of Procedure following Circular 5/65**

A revised note on standards of accommodation and care in Day Nurseries which is appended to this circular supercedes the advice upon which the current notes on requirements for Day Nurseries issued in this County were based.

Accordingly, the revised note, of which a copy is given at Appendix VI hereto will be circulated to existing registered premises and minders and will be used for future cases.

In accordance with Circular 5/65 the attention of all concerned now and in future will be drawn to the publications "Not yet Five" and "Play with a Purpose" (H.M.S.O. 1/- and 2/6d. respectively).

The Council's Health Visiting staff will continue to help mothers whose children are looked after in Day Nurseries or by daily minders to understand the special needs of their children and to this end the contents of the Ministry Circular will be brought to their attention.

Salop County Council

HEALTH DEPARTMENT

NURSERIES AND CHILD-MINDERS REGULATION ACT, 1948
APPLICATION FOR REGISTRATION AS A CHILD MINDER

Application is hereby made to the County Council for the Administrative County of Salop, being the Local Health Authority for the purposes of the Nurseries and Child-Minders Regulation Act, 1948, for registration as a CHILD MINDER in pursuance of Section 1 (I) (b) of the Act.

(1) **PARTICULARS OF APPLICANT**:

(*a*) Full name: .....

(*b*) Nationality: .....

(*c*) Age: .....

(*d*) Married/Single/Widowed:

(e) Private address: .....

(*f*) Qualifications or experience (if any) in the care of children: .....

(*g*) Brief particulars concerning the nature of any serious illness from which the applicant and/or other members of the household have suffered or are suffering: .....

(2) **PARTICULARS OF CHILDREN**:

(*a*) **Number of Children to be received for reward**:

(i) Under 5 years of age .....

(ii) Over 5 years of age .....

(*b*) **State whether it is intended to receive Children to be looked after at night**: .....

I hereby declare that the particulars given above are correct, that I have read and understood the notes on the reverse side of this form, and that I agree, if required, to submit to a clinical and radiological examination of the chest.

Signature of Applicant.....

Date.....19.....

NOTES

(1) The Nurseries and Child-Minders Regulation Act, 1948, requires the registration of persons who, for reward, receive into their homes, children who are under the age of five years, to whom they are not related, for the day or a substantial part thereof or any period not exceeding six days consecutively when:

(*a*) The number of children exceeds two, and

(*b*) Where the children are from more than one household.

(2) Where a person is registered as a Child Minder that person **MUST** give immediate notice to the Local Health Authority of any change of address and, if such change of address involves removal to an area outside the Administrative County of Salop the registration is automatically rendered null and void and a further application should be made to the Local Health Authority for the area in which the new residence is situated.

(3) Where it is intended to receive children over the age of five years or any child for a period longer than six consecutive days and nights, the applicant must make this fact known in order that it may be considered in the light of the enactments relating to Child Life Protection and the Boarding Out of Children.

(4) **Interpretation**

For the purposes of these notes the expression:

"Child" means any person who has not attained the upper limit of compulsory school age, except in so far as the notes relate to a "Child under five years of age".

"Relative" means a grandparent, brother, sister, uncle or aunt, whether by consanguinity or affinity, or in consequence of adoption and, in respect of an illegitimate child, includes a person who would be so related if the child were legitimate.

Salop County Council

HEALTH DEPARTMENT
NURSERIES AND CHILD-MINDERS REGULATION ACT, 1948

APPLICATION FOR REGISTRATION OF PREMISES

Application is hereby made to the County Council for the Administrative County of Salop, being the Local Health Authority for the purposes of the Nurseries and Child-Minders Regulation Act, 1948, for registration of the PREMISES referred to below:—

(1) PARTICULARS OF APPLICANT

(*a*) Full Name .....

(*b*) Private Address .....

(*c*) Nationality .....

(*d*) In the case of a personal application state whether Single/Married/Widowed.

(*e*) In the case of an application by a company, society, association, partnership or other body, state:

(i) Style or Title of Body .....

(ii) Registered or usual office of Body .....

(iii) Name of individual responsible for management of Nursery .....

(iv) Address of person named under (iii) above .....

(2) PARTICULARS OF PREMISES IN RESPECT OF WHICH THIS APPLICATION IS MADE

(*a*) Address .....

(*b*) Name, Style or Title of Nursery .....

(*c*) Number of rooms (i) Dining .....

(ii) Sleeping .....

(iii) Recreational .....

(*d*) Brief description of equipment:

(*e*) Construction of property (e.g. "Brick & Tile") .....

(3) PARTICULARS OF CHILDREN TO BE RECEIVED:

(*a*) For six consecutive days or less:

(i) Under 5 years of age .....

(ii) Over 5 years of age .....

(*b*) For six consecutive days or more:

(i) Under 5 years of age .....

(ii) Over 5 years of age .....

(4) PARTICULARS OF STAFF:

(*a*) Names and qualifications .....

(*b*) Number of Staff to be resident in the premises .....

(*c*) Names and nationalities of staff who are not of British Nationality .....

(5) NAMES, ADDRESSES AND QUALIFICATIONS OF VISITING MEDICAL OFFICER(S)

.....

(6) BRIEF PARTICULARS OF ARRANGEMENTS FOR FEEDING CHILDREN, TOGETHER WITH A REPRODUCTION OF THE DIET SHEET:

(7) A PLAN OF THE PREMISES WITH THE OBJECT OF EACH ROOM INDICATED THEREON MUST BE ATTACHED TO THIS FORM.

I/WE DECLARE THAT THE PARTICULARS GIVEN ABOVE ARE CORRECT AND THAT I/WE HAVE READ AND UNDERSTOOD THE NOTES ON PAGE 4 OF THIS FORM.

SIGNATURE(S) .....

CAPACITY OF SIGNATORIES .....

Date.....19.....

NOTES

(1) The Nurseries and Child-Minders Regulation Act, 1948, requires the registration of premises not wholly or mainly used as private dwellings where children below the upper limit of compulsory school age are received to be looked after for a day or substantial part thereof or any period not exceeding six days.

(2) The Act does NOT apply to:
- (a) Homes or Institutions referred to in the Children Act,1958
- (*b*) Any "School" for the purpose of the Education Act, 1944.

(3) In the case of a registration being granted to a company, association, partnership, etc., the Council must be notified of any change in the individual responsible for the management of the premises.

(4) The Council may by order enforce requirements for securing:
- (*a*) That a person with such qualifications as may be prescribed shall be in charge of the premises and all persons employed therein.
- (*b*) That the premises are adequately staffed, equipped and maintained.
- (*c*) That there are adequate arrangements for the children to receive adequate and suitable food.
- (*d*) That the children received are under medical supervision.
- (*e*) That such records as may be prescribed shall be kept of all children received.

Salop County Council

HEALTH DEPARTMENT

NURSERIES AND CHILD-MINDERS REGULATION ACT, 1948

Notes on requirements for Day Nurseries

The following requirements, recommended by the Ministry of Health for **day nurseries admitting children from 0-5** years may serve as a useful guide to the standard which should be aimed at by individuals or bodies who intend to establish such nurseries. (It is fully appreciated, of course, that these standards cannot always be attained. They are ideals and the Council will be prepared to interpret the conditions on practical and commonsense lines).

PREMISES

In normal circumstances the nursery should not accommodate more than a total of 40-50 children and the following provisions are recommended:

(1) Three separate nurseries—

(*a*) Infants 0-1 allowing 40 square feet per child.

(*b*) Tweenies 1-2 allowing not less than 30 square feet per child.

(*c*) Toddlers 2-5 allowing 25 square feet per child.

(2) Suitable provision should be made for receiving the children and for keeping their clothes, and bathing facilities should be available.

(*a*) Infants — Racks should be provided to store chambers

(*b*) Tweenies, (*c*) Toddlers — Separate sanitary annexes for these two age groups should be provided near the appropriate nurseries with one W.C. for every six children over two years of age.

Three wash basins are required for every ten children.

(3) Kitchen, scullery, larder and dry store room. Milk larder and safe with provision for the preparation of bottle feeds.

(4) Adequate laundry facilities. A separate boiler for napkins and covered sterilizable containers (e.g. soiled dressings bin) for soiled garments.

(5) Adequate pure water supply and a source of hot water apart from the cooking apparatus.

(6) Dining, sitting and study room for the staff with adequate sanitary and hand washing facilities.

(7) An isolation room.

(8) Matron's office (could also be used for medical inspections and interviewing parents).

(9) Linen room and airing cupboard, housemaids cupboard, washing-up pantry.

(10) Suitable storage for perambulators.

(11) **General**—Adequate provision should be made for escape in case of fire and whatever form of heating is used fixed fireguards **must** be provided. There should be a garden with a grass plot and hard surface playground for dry and wet weather respectively and protection should be afforded from hot sun.

STAFF

The following staff are essential—

(1) **Matron** who should be either a State Registered Nurse, a State Registered Sick Children's Nurse, a State Registered Fever Nurse, a Nursery Trained Nurse who has been a Deputy Nursery Matron for a length of time approved by the registering authority.

(2) **Warden** where children between 2 and 5 years are received.

(3) **Deputy Matron** who should be a certificated nursery nurse with not less than two years experience after qualification.

(4) **Certificated Nursery Nurses.**

(5) **Nursery Assistants** who must have taken an approved course.

(6) **General**—Exclusive of domestic staff, the ratio of full-time staff to children should not be less than 1 unit of staff to 5 children. For example, the professional staff for a Nursery accommodating 30 children ranging from 0 to 5 years of age would be as follows:

1—Matron	1—Warden	1—Nursery Assistant
1—Deputy Matron	2—Nursery Nurses	

HEALTH MEASURES AND GENERAL CRITERIA

(1) Daily watch by responsible persons should be kept over the physical condition of both staff and children in order to deal promptly with any case of illness or infection. Great care must be exercised to prevent the admission of any child suffering from infectious or notifiable disease or the employment of staff suffering from communicable diseases. The children should be received by the Matron or her Deputy each morning and all children should be weighed regularly and their progress recorded.

(2) Definite arrangements should be made with a general medical practitioner living nearby to be on call in the event of emergency. In addition a medical officer having maternity and child welfare experience should undertake general medical supervision and assist with the administration of the establishment. This officer should visit the nursery weekly to examine selected children or young babies.

(3) Each child should, where applicable, have a separate toothbrush, mug, comb and other personal articles arranged in order to keep each set of effects separate from those of other children. Individual towels should hang in such a manner as not to touch each other or come in contact with walls or floor.

(4) The daily menu should be posted in the receiving room or hall where mothers can see it. In addition to the ordinary mixed diet, each child should receive its full allowance of milk and supplementary vitamin concentrates provided under the National Welfare Foods Scheme.

(5) Adequate medical and weight records, including a register of attendance must be kept. Information concerning the home circumstances of the child and its history of infectious and other diseases must be contained in these records.

CARE OF THE CHILDREN

(a) Responsibilities of the Staff

By their friendly attitude the staff should seek to establish cordial relations with parents and children, to give the children a sense of their love, protection and rcliability, and while exercising a friendly and firm control, should understand and cater for the children's needs without undue interference.

(*b*) Provision of toys, etc.

The following is a guide to the necessary materials required to stimulate the interest and mental needs of the children:

(1) Living things; plants, flowers, animals, fish, insects, etc.

(2) Constructive materials; bricks, jig-saw puzzles, constructional toys.

(3) Materials for experimental play (e.g. dolls, etc.)

(4) Pictures, books, rhymes, songs, stories

(5) Materials for developing physical skills, balancing, jumping, digging, throwing balls, etc. (with adequate safeguards and close supervision).

(*c*) Programme of Activities

(1) There should be opportunities for the children's growing use of language, for music and simple dancing and simple musical games for the older children.

(2) Time for play indoors and out, for washing and use of W.C's without crowding, for informal and more formal meals.

(3) Proper arrangements for sleep, rest and quiet.

(*d*) General Care

The staff should give earnest attention to the well-being of their charges through proper and organised feeding arrangements, regulated warmth, clothing, etc., and meticulous standards of cleanliness, together with a thorough understanding of the children's needs.

PREMISES REGISTERED Pursuant to Section 1 (i) (a)	Name in which registered (*indicates person in charge)	Qualification of person in charge	No. of Staff in addition to person in charge	Qualification of other staff	Required Children/ Staff ratio	Reception of Children	Permitted No. of Children	Approx. Age Range	Size of Room(s)	Approx. Area and Square feet per Child	No. of W.C's	No. of Wash Basins	Outdoor Play Space	Date Registered
GROUP I "Colkirk", Kennedy Road, Shrewsbury	*Mrs. H. E. S. Bevan	National Froebel Union	1	—	20—2	Mornings only	20	2½—5 yrs	Schoolroom 14ft. by 18ft. + Bay window 8ft. by 4ft. Hall 8ft. by 4ft.	216 sq. ft. 10.8 sq. ft.	2	2	Garden	5.10.61
GROUP II Garrison Nursery, The Humbers, Donnington	Lt. Col. J. I. Bouverie-Brine (Ret'd) Garrison Adjutant	Wife of Senior Army Officer	1	—	16—2	Mornings only	16	3—5 yrs	21ft. 9ins. by 15ft. 9ins.	342.5 sq. ft. 21.4 sq. ft.	1	1	—	14.12.61
Cosford Day Nursery, R.A.F. Cosford	W/Cdr. D. I. C. Eyres, President of Service Institute	Teaching experience	1	—	36—4 20—2 10—1	Mornings only	36	3—5 yrs	1. 40ft. by 12ft. 2. 12ft. by 10ft. 3. 16ft. by 15ft. + Staff & ancillary rooms	840 sq. ft. 23.3 sq. ft.	2	4	Fenced playground	7.2.63
Building 173, Station Nursery R.A.F. Ternhill, Market Drayton	C.O. R.A.F. Ternhill G/Cpt. A. D. Panton, O.B.E., D.F.C.	Housewife	1	—	14—2 7—1	Mornings only	14	3—5 yrs	26ft. 11ins. by 11ft. 3ins.	301.5 sq. ft. 21.5 sq. ft.	2 (in adjacent building)	1	Fenced playground	7.5.64
GROUP III Methodist Schoolroom, St. John's Hill, Shrewsbury	*Mrs. K. A. Edwards, 4, Kenwood Drive, Copthorne, Shrewsbury	Housewife	2	—	18—3 12—2 6—1	Mornings only	18	3—5 yrs	25ft. by 17ft. 9ins.	443.8 sq. ft. 24.7 sq. ft.	2	2	—	5.7.62
Zion Methodist Hall, Ludlow	*Sister M. Cochrane 7, New Street, Ludlow	Deaconess	1 (7 ladies available on rota)	—	12—2 6—1	Three afternoons per week	12	3—5 yrs	22ft. 3ins. by 32ft. 3ins.	717.6 sq. ft. 59.8 sq. ft.	1	1	—	6.2.64
Village Hall, London Road, Woore	*Mrs. M. H. Jones, "Ruris", London Rd., Woore	B.A.	9	1 B.A. 1 R.S.C.N.	12—2 6—1	Mornings only	12	3—5 yrs	54ft. by 19ft.	1,026 sq. ft. 85.5 sq. ft.	4	3	—	6.5.65
GROUP IV "Madhatters", Powder Lane, Wellington	*Mrs. E. R. Morris,	N.N.E.B. Cert.	1	—	10—2 5—1	Mornings with occ. full day	10	3—5 yrs	General 18ft. by 10ft. 6ins. Resting 7ft. 6ins. by 9ft. 6ins. and 11ft. by 9ft.	359.3 sq. ft. 35.9 sq. ft.	2	2	Garden	5.10.61
12, Windsor Road, Albrighton	*Mrs. A. A. Watkins,	Cert. in Education	—	—	6—1	2 morn'gs per week	6	3—5 yrs	Open plan 26ft. by 20ft. 6ins. excl. 12ft. by 18ft. entrance, etc.	317 sq. ft. 52.4 sq. ft.	1	1	Garden and car-port	7.5.64
Dothill House, Whitchurch Road Wellington	*Mrs. J. M. Drought	S.R.N.	1	—	12—2 6—1	Mornings only	12	3—5 yrs	360 sq. ft. First floor	360 sq. ft. 30 sq. ft.	1	1	Garden at ground floor level	6.2.64
"Coombe Heights", Longhills Road, Church Stretton	*Mrs. D. Lumley	Housewife	1	Norland	6—1	Mornings only	12	3—5 yrs	Inter-connecting 1. 12ft. 9ins. by 11ft. 6ins. 2. 12ft. 9ins. by 8ft. 0ins. 3. 12ft. 9ins. by 14ft. 0ins.	427 sq. ft. 35.5 sq. ft.	1	1	Garden	2.7.64
1, Copthorne Lodge, Mytton Oak Road, Shrewsbury	*Mrs. E. E. Weston	Housewife	1	—	12—2 6—1	Mornings only	12	3—5 yrs	17ft. by 10ft. (additional room available)	170 sq. ft. 14.2 sq. ft.	1	2	Garden	2.7.64
"Goldthorn", Ercall Lane, Wellington	*Mrs. A. Harvey	S.R.N.	—	—	7—1	Mornings only	7	3—5 yrs	20ft. by 12ft. and Bay window	240 sq. ft. 34.2 sq. ft.	1	1	Garden and tar-paved area	4.5.65
† The Old Hall, Newport	*Mrs. J. F. Arkinstall The Caravan, 9a Church Road, Lilleshall.	N.N.E.B. Cert.	—	—	7—1	Mornings only	7	2½—5 yrs	18ft. by 15ft. First floor	270 sq. ft 38.6 sq.ft.	1	1	Garden	4.2.65
Eton Cottage, Abbey Foregate, Shrewsbury	*Mrs E. F. Harris	Nursing Experience (No qual.)	1	—	18—3 12—2 6—1	All day	18	3—5 yrs	35ft. by 12ft. 6ins.	437.5 sq. ft. 24.3 sq. ft.	3	2	Garden	5.11.64
St. Mary's Cottage, St. John's Hill, Ellesmere	*Mrs. P. E. Russell	Infant Teacher	—	—	7—1	Mornings only	7	3—5 yrs	18ft. by 12ft. First floor	216 sq. ft. 30.8 sq. ft.	2	2	Garden	6.5.65
MINDERS REGISTERED (Pursuant to Section 1 (i) (b)														
† Mrs. R. L. NOBLE, "Kenley", 5, Weston Drive, Wellington		Housewife	—	—	—	All day	4	6/12—5 yrs	—	—	—	—	—	4.2.65

† No longer registered at time of going to press

Salop County Council

NURSERIES AND CHILD-MINDERS REGULATION ACT, 1948

Routine Inspection Report on Registered Minder/Premises

Name and Address of Minder or Person in Charge of Premises .....

(State Address of Registered Premises if other than above): .....

Registered for the reception of: ..... Children 0—4 years inclusive.

..... Children 0—15 years inclusive.

1. Number of Children (*a*) Admitted ..... under 5 years ..... over 5 years.

(*b*) Discharged ..... under 5 years ..... over 5 years

Since last inspection on.....

2. Number of Children present at time of inspection:..... under 5 years ..... over 5 years.
(N.B.—Include all children in the prescribed premises or Home and state how many are members of the minder's family)

3. Names and Qualifications of Staff at time of Inspection.....

4. Particulars of Staff Changes since last inspection (N.B.—State if new staff have had clinical and radiological examination of chest)

(*a*) Staff left .....

(*b*) New Staff .....

5. Give particulars of any structural alterations or improvements since last inspection—is maintenance adequate?

.....

6. Provision in case of fire—is such maintained in efficient condition? .....

7. Notes on general cleanliness of premises and furnishings .....

8. Notes on general cleanliness and tidiness of the children .....

9. REQUIREMENTS ordered by the Council:.....

(i) REGISTER, is this correctly entered to date?.....

(ii) Have there been any cases of infectious or contagious disease since the last inspection?.....

(iii) Is a separate towel and face cloth properly kept for each child?.....

(iv) Name of General Practitioner available for emergencies?.....

10. Are the following arrangements adequate?

(*a*) For feeding children or providing drinks.....

(*b*) Recreation— (i) Indoors .....

(ii) Outside .....

(*c*) Relaxation .....

(*d*) Instruction or guidance if given .....

(*e*) Sanitary and washing facilities.....

11. General Observations: .....

.....

(*Signature*) Duly Authorised Pursuant to Section 7 of the Act.

Date of Inspection.....

STANDARDS OF ACCOMMODATION AND CARE IN DAY NURSERIES

1. **Site**

To assist mothers, the nursery should, if possible, be within easy reach of public transport. It is also helpful to mothers and to the staff of the nursery if it is near a local health authority clinic.

2. **Design of Premises**

As attendance at a day nursery may be a child's first social experience outside the family circle, it is important that the day nursery premises and their surroundings should be designed to appeal to children and make them feel at home. The buildings should preferably be single storied, but where space on the site is limited, service rooms may be provided on an upper floor. The rooms used by the children should preferably face south and have direct access to ample outdoor playing space.

3. **Basic Accommodation to be Provided**

This should include:

(*a*) Entrance Hall

(*b*) Matron's office, with a room opening off for use as a medical room. Alternatively, a separate medical room could be provided.

(*c*) Nurseries for:

(i) Babies and younger children

(ii) Older children

(*d*) Toilet and cloakroom accommodation for use by children.

(*e*) Toilet and cloakroom accommodation for use by staff.

(*f*) Staff dining room.

(*g*) Kitchen, scullery, larder and dry store room.

(*h*) Feed preparation kitchen

(*i*) Housemaid's cupboard.

(*j*) Laundry

(*k*) Linen and airing cupboards.

More detailed suggestions about the accommodation are given on page 107.

4. **Diet**

A balanced diet should be provided, to include the essential foods for the children's health and growth (see the booklet "Not yet Five"). Each child should have every day a pint or more of milk (heat-treated or from a source approved by the Medical Officer of Health); two servings of animal protein food, a serving of freshly cooked vegetable in addition to potato and also the vitamin supplements available to a child of his age under the Welfare Foods scheme. He should also have stewed fruit as part of the sweet course at least three times a week and raw shredded vegetables and raw fruit as often as possible. The daily menus should be displayed in the entrance hall from time to time: this will help mothers to know how to feed their children.

5. **Health Measures**

All children whom it is proposed to admit to the nursery should first be medically examined, and in this connection, any relevant medical records in the possession of the local health authority should be made available to the Matron of the nursery. Any information about the child's social background likely to be significant should also be made available to the Matron before the child is admitted, but any part of this information which it is necessary to pass on to other members of the staff must be regarded as confidential. A check should be kept on the health and development of all the children and advice on these matters should be available to the mothers at the nursery. A record should be kept of infectious diseases. There should be close co-operation between the nursery and the health visiting service and also standing arrangements for calling a doctor in emergencies. A senior member of staff should welcome the children when they arrive each day and see that they are fit to be admitted. Local Health Authorities will be aware of the importance of measures to prevent the risk of enteritic infections breaking out amongst the children in day nurseries. The part that good hygiene can play on this cannot, however, be too strongly emphasised. Authorities will have this point in mind in the provision they make for adequate and easily accessible facilities for washing hands throughout the nursery. The risk of nasal and other infections can be reduced by the maintenance of good personal hygiene amongst the children and staff.

6. **Dental Hygiene**

The children should be encouraged to form good dental habits. Where it is not practicable for the children to brush their teeth after meals they should be accustomed to alternatives such as "bubble and swallow" or eating raw fruit.

7. **Staffing**

The appropriate staffing will depend on the number of children received in each nursery. A ratio of onc member of staff, (excluding domestic staff) to five children is a reasonable standard, but the Matron should not be included in the ratio in a nursery of more than 30 children. The ratio may have to be increased if there is a rather high proportion of very young children, or a number of handicapped children, or others who make specially heavy demands on the staff time or where premises present particular difficulties. A slightly lower ratio than 1 to 5 should be adequate where no children under 2 are admitted. Arrangements are necessary to provide relief staff, both professional and domestic, in the event of illness of the regular staff.

8. The Matron should be a qualified nurse with experience of work with normal children, or alternatively, a qualified nursery nurse. She should have had previous experience as a deputy matron in a day nursery. She should have a capacity for teaching and administration, and she should be capable of understanding the social background and conditions of the families whose children attend the nursery, and of establishing good relationships with her staff and with the mothers and the children. The Deputy Matron should be a nursery nurse who has had expreience in all departments of the nursery, or a qualified nurse who wishes to become a Matron.

9. The Warden should be an experienced nursery nurse who has undertaken additional training to prepare her for the post. She should no longer restrict her activities to dealing with children over 2 years of age, but should take responsibility for the programme of play and the care of play equipment for all the age groups in the nursery.

10. The other members of the staff should be nursery nurses. In a training nursery with 50 places, it would be satisfactory to replace two of the nursery nurses by up to 3 students for each.

11. In areas where there is difficulty in recruiting sufficient nursery nurses, it may be necessary to appoint nursery assistants. These should not be under 18 years of age and should receive a course of in-service training after a short introduction to the practical work of the nursery. Such appointments should be kept to a minimum.

12. The domestic staff should comprise a cook experienced in catering for children, and an adequate number of cleaning and laundry workers. The bulk of the domestic work should be done in the early morning and the evening to avoid interfering with the children's activities. Nursery staff should not undertake domestic duties, except those which are incidental to the care of the children.

13. **Training**

Students and inexperienced assistants will acquire experience, under the supervision of trained staff, through being with children and sharing in the work of the nursery. They should be given opportunities for observing children. Authorities should aim to send all nursery staff, in common with other public health nurses, to refresher courses every five years, and they should be given the opportunity of attending meetings and study days arranged by the local authority for nursery staff.

14. **Care of Children**

The care of children in the nursery should be organised in groups, preferably in groups of mixed ages, centred round one or more members of the staff to whom the children in the group can look for all basic care. This arrangement meets the individual child's need for continuity of care and will help to encourage the child to talk and express himself. Every effort should be made to maintain a happy and serene atmosphere for the children.

Essentials for the proper care of children in a day nursery are:

(*a*) The children should have opportunities for interesting activities throughout the day, both indoors and out of doors, and an ample supply of expendable playthings and the more durable materials should be replaced as often as is necessary.

(*b*) They should also have opportunities for developing and using language through songs, rhymes, story telling, music simple games and through their interest being stimulated in pictures, plants, flowers and pets.

(*c*) The children need to be suitably dressed for all activities.

(*d*) Their diet should be suitable and attractive and the meals should be taken in a homely setting.

(*e*) Help should be given to the children in personal hygiene and training in the use of W.C., hand basin and general toilet facilities.

(*f*) There should be periods for rest and quietness during the day.

(*g*) The children must be safeguarded from accidents.

Standards of Accommodation and Equipment for a Local Health Authority Day Nursery for Fifty Children

(see paragraph 3)

General Requirements

The windows should be low enough for children to see out, French doors are preferable wherever possible. Care should be taken to safeguard the children from the hazards of swinging doors and of jutting open windows.

The building should be adequately and uniformly heated throughout, the toilet rooms being kept at a temperature of 18.3° centigrade (65° fahrenheit). Central heating or under floor heating should be provided, but supplementary heating is often valuable, and can provide a focal point in the playrooms. Fixed fireguards, radiator or pipe guards are essential. Sun blinds may be required.

Adequate hot water and drinking water supplies are necessary. All hot water taps used by the children should be thermostatically controlled at a safe temperature.

There should be adequate fire precautions and fire escape provision.

Storage space should be provided for toys and larger playing equipment both in and out of doors. The storerooms for the larger pieces of equipment should have big doors.

Entrance Hall

This should have a welcoming appearance and be large enough for several mothers and children to be received in it at a time. A few chairs, a small table and space to display health education materials are useful.

Matron's Office

Unless a separate medical room is provided this should have an annexe to serve for isolation or medical purposes. In either case a hand-basin and a cupboard for medicines and first aid materials are necessary.

Childrens' Nurseries

Three rooms are necessary, one for infants and two for older children, all facing south if possible and having direct access to the out of door playing space. It is an advantage to arrange the rooms so that various age groups can join up on occasion, when this is in the interests of the children, and so that it is possible to receive a wider age range in any unit, should the demand for admission vary. The current trend is to have the older children's rooms next to one another and separated by a moveable partition. When this is done, however, care needs to be taken to avoid using either room as a passage.

Experience has shown that the recommended standards of 40 square feet clear space for 0 to 1 year old, 30 square feet for 1 to 2 year old and 25 square feet for 2 to 5 year old children, are rather limiting for some activities. Space should not be less in any circumstances than this, but some experimentation in the light of present methods of encouraging activity and of grouping children is needed.

Each playroom should have a small sink or wash-basin installed at a low level, ample cupboard space and a ventilated store for beds. It should also have a comfortable chair for the adults and some provision such as a stretcher bed for children to take brief rests, as necessary during the time they are playing.

In the babies' and younger children's room facilities such as racks for coathangers and cupboards are needed for storing personal items of clothing and linen.

Children's Toilets and Cloakrooms

Separate facilities should be provided for each playroom, with glass partitions above a height of 4ft. 6in. to ease supervision. The need for supervision should also be taken into account in planning the position of the cloakrooms. Individual towels and flannels should be provided and arrangements for hanging them should ensure that they do not touch each other or the floor and are not flush against the wall. The toilet requirements should be fitted as follows:

(*a*) **For each unit of 10 babies and younger children**

1 Bathing Sink
1 Rack for Chambers
1 Lowest level W.C.
1 Slop Hopper
1 Fixture for towels and flannels.
Wash-basin and towel-master fitment for staff.

(*b*) **For each unit of 20 older children**

4 Low level W.Cs.
5 Low level wash basins of varying heights
Fixtures for towels and flannels
Provision for storing toothbrushes and other toilet articles.
Wash Basin and towel master fitment for staff

(*c*) A deep sink for a toddler's bath may be shared between the two older children's units.

Staff Accommodation

The staff cloakroom should contain individual lockers with suitable hanging space, and toilet facilities, and it should be large enough to be used for changing. One W.C. and one wash-basin is required for eight staff. An incinerator should be provided.

Kitchen and Stores

The size can be calculated on the basis of 5 square feet per place, to include 40 square feet for larder and 30 to 40 square feet for locked provision store. These rooms should face north and have natural light and ventilation.

The kitchen should be equipped with:

A two-compartment refrigerator
Double oven cooker
3 feet hot closet
Hand-basin
One or two 18 inch stainless steel sinks for vegetable preparations
24 inch by 12 inch sink and drainers for washing pans
Tables and work benches covered with laminated plastic
Cupboards for cooking utensils
Cupboards for stores
A 7lb. bench model electric potato peeler
Electric mixer

The washing up pantry should be equipped with :

18 inch sink with stainless steel drainer
Small dish washer
Cupboards for crockery (where polythene tableware is in use, the hot closet and dish washer may not be required).

Feed Preparation Kitchen

This should be separate from main kitchen and the windows should be fitted with fly-guards.

It should contain:

Sink and drainer
Cupboards and shelves for storage of dried milks and vitamin preparations
Boiling fitment

Laundry

Requirements will depend on the service to be provided. As much useful automatic equipment as possible should be provided, including a washing machine capable of boiling and spin drying and a tumbler drier. A separate boiler for napkins is essential, and also a napkin sluice with porcelain drainer. Where mechanical driers are not provided, suitable outdoor drying space and a covered drying area for use in bad weather and airing cupboards will be needed.

Housemaid's Cupboard

This should have a bucket sink and drainer in addition to storage space for domestic equipment.

Outdoor Requirements

The recommended space for play area is 200 square feet per child, of which 40 square feet should be paved and the remainder grass. It should be partly shaded by trees or other means from the sun. A covered playing space out of doors is also useful and a covered space for babies in prams. The playground should be enclosed by a strong fence with double gates and high latches. Direct access from the pram shed to the nursery or a covered way between them should be provided.

Furnishings and equipment

The furniture should be light, easy to move and easy to keep clean. Moveable fitments are better than fixed shelves for storing toys and smaller playthings, as they can also be used to divide the rooms in varied ways. Soft furnishings including rugs should be of types that can be easily washed.

STATISTICAL TABLES

TABLE I

Population, Acreage and Density of Population in the various Districts of Shropshire in 1965 (mid-year)

Districts	Population (estimated mid-1965)	Acreage (inclusive of water)	Persons per acre
URBAN			
Bishop's Castle Borough	1,260	1,867	0.67
Bridgnorth Borough	8,900	2,645	3.36
Church Stretton Urban	2,910	6,198	0.47
Dawley Urban	10,480	3,259	3.22
Ellesmere Urban	2,370	1,220	1.94
Ludlow Borough	6,990	1,068	6.54
*Market Drayton Urban	6,200	1,240	5.00
*Newport Urban	5,240	921	5.69
Oakengates Urban	14,840	2,396	6.19
Oswestry Borough	12,040	2,173	5.54
Shrewsbury Borough	51,670	8,118	6.36
Wellington Urban	15,940	2,281	6.99
Wem Urban	2,800	903	3.10
Wenlock Borough	15,200	22,657	0.67
*Whitchurch Urban	7,230	6,052	1.19
TOTAL—Urban Districts	164,070	62,998	2.60
RURAL			
Atcham	24,440	134,490	0.18
Bridgnorth	13,890	100,897	0.14
Clun	8,890	132,512	0.07
*Drayton	10,390	54,831	0.19
Ellesmere	7,460	48,253	0.15
*Ludlow	13,380	112,834	0.12
Oswestry	19,280	61,526	0.31
*Shifnal	15,590	39,282	0.40
*Wellington	27,700	54,518	0.51
Wem	12,110	60,343	0.20
TOTAL—Rural Districts	153,130	799,486	0.19
ADMINISTRATIVE COUNTY	317,200	862,484	0.37

*Acreage and population adjusted in accordance with boundary changes under the West Midland Counties Order, 1965, (S.I. 1965 No. 223), operative from 1st April, 1965. (See page 6).

TABLE II

Deaths, Births and Infantile Mortality in Shropshire in 1965

Districts	Deaths			Births						Deaths of Infants			
	Deaths at all ages	Rate per 1,000 of Population	Comparable Death-rate	Legitimate	Illegitimate	Total	Rate per 1,000 of Population	Comparable Birth-rate	Stillbirths	Under one month	Neo-natal mortality rate	Under one year	Infant mortality rate
URBAN													
Bishop's Castle Borough ..	22	17.46	6.29	19	1	20	15.87	19.99	—	—	—	—	—
Bridgnorth Borough ..	87	9.78	10.07	175	15	190	21.35	19.86	4	1	5.26	1	5.26
Church Stretton Urban ..	50	17.18	9.11	38	4	42	14.43	17.60	1	—	—	—	—
Dawley Urban	107	10.21	12.97	191	17	208	19.85	18.06	3	2	9.62	5	24.04
Ellesmere Urban	24	10.13	9.12	47	4	51	21.52	23.89	1	—	—	—	—
Ludlow Borough	103	14.74	11.35	122	5	127	18.17	18.89	2	3	23.62	3	23.62
Market Drayton Urban ..	80	12.90	12.13	114	15	129	20.81	22.47	5	—	—	2	15.50
Newport Urban	58	11.07	11.29	102	13	115	21.95	20.41	1	—	—	3	26.09
Oakengates Urban	151	10.18	12.83	286	14	300	20.22	19.41	8	5	16.67	6	20.00
Oswestry Borough	124	10.30	10.71	174	10	284	15.28	14.82	2	2	10.87	2	10.87
Shrewsbury Borough ..	591	11.44	11.33	873	76	949	18.37	17.64	19	12	12.64	23	24.24
Wellington Urban	190	11.92	12.75	293	21	314	19.70	20.09	5	4	12.74	7	22.29
Wem Urban	34	12.14	11.78	54	2	56	20.00	22.20	1	—	—	2	35.71
Wenlock Borough	214	14.08	12.67	272	20	292	19.21	19.98	4	5	17.12	7	23.97
Whitchurch Urban	109	15.08	10.41	99	2	101	13.97	15.23	—	1	9.90	1	9.90
Aggregate ..	1,944	11.85	11.49	2,859	219	3,078	18.76	18.57	56	35	11.37	62	20.14
RURAL													
Atcham	242	9.90	10.20	415	36	451	18.45	19.00	4	5	11.09	10	22.17
Bridgnorth	119	8.57	9.77	230	13	243	17.49	17.32	4	4	16.46	4	16.46
Clun	89	10.01	9.91	150	6	156	17.55	20.01	1	—	—	—	—
Drayton	87	8.37	10.21	188	10	198	19.06	17.92	4	4	20.20	5	25.25
Ellesmere	66	8.85	9.56	117	4	121	16.22	17.03	4	1	8.26	2	16.53
Ludlow	169	12.63	12.00	190	13	203	15.17	17.29	8	3	14.78	3	14.78
Oswestry	237	12.29	9.83	278	19	297	15.40	16.94	10	3	10.10	4	13.47
Shifnal	126	8.08	12.28	238	18	256	16.42	17.41	2	—	—	—	—
Wellington	227	8.19	11.14	536	39	575	20.76	20.97	10	7	12.17	9	15.65
Wem	148	12.22	11.36	192	12	204	16.85	17.52	2	1	4.90	4	19.61
Aggregate ..	1,510	9.86	10.55	2,534	170	2,704	17.66	18.54	49	28	10.04	41	15.16
ADMINISTRATIVE COUNTY ..	3,454	10.89	11.00	5,393	389	5,782	18.23	18.59	105	63	10.89	103	17.81

TABLE III

Registrar General's Statistics

Causes of Death in Shropshire during 1965

Districts	All Causes	Tuberculosis—respiratory	Tuberculosis—other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant Neoplasm: Stomach	Malignant Neoplasm: Lung, bronchus	Malignant Neoplasm: Breast	Malignant Neoplasm: Uterus	Malignant Neoplasm: Other malignant and lymphatic neoplasms	Leukaemia, aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth and abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war
URBAN:																																			
Bishop's Castle Borough	22	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	3	5	—	7	1	2	—	—	—	1	1	—	—	—	8	—	2	—	—
Bridgnorth Borough ..	87	—	—	—	—	—	—	—	—	—	3	3	3	—	6	2	—	21	10	1	12	5	2	2	4	1	—	1	—	1	—	1	1	—	—	—
Church Stretton Urban .	50	—	—	—	—	—	—	—	—	—	—	2	2	1	4	—	—	6	9	1	15	—	—	3	5	—	—	—	—	—	—	5	1	2	—	—
Dawley Urban .. .	107	2	—	—	—	—	—	—	—	—	2	2	2	—	13	—	—	18	20	3	18	2	—	6	6	2	2	1	—	—	—	2	—	2	1	—
Ellesmere Urban .. .	24	—	—	—	—	—	—	—	—	—	1	1	—	—	3	—	—	7	3	—	2	—	—	—	2	—	—	—	—	—	—	15	—	2	—	—
Ludlow Borough .. .	103	—	—	—	—	—	—	—	—	—	2	2	1	1	11	—	—	19	19	3	12	3	—	3	6	—	4	—	—	—	—	2	1	—	—	—
Market Drayton Urban .	80	—	1	—	—	—	—	—	—	1	8	2	—	1	4	1	—	11	17	2	16	2	—	5	4	—	—	1	—	—	1	2	1	—	—	—
Newport Urban .. .	58	—	—	—	—	—	—	—	—	—	2	1	—	—	4	—	1	9	17	2	5	2	—	1	4	—	2	—	—	—	—	4	—	4	—	—
Oakengates Urban .	151	—	—	—	—	—	—	—	—	—	4	7	2	—	10	2	3	27	36	5	4	7	—	7	6	1	1	1	1	2	1	4	6	2	3	9	—
Oswestry Borough .	124	—	—	—	—	—	—	—	—	—	5	4	2	—	11	—	—	20	27	2	16	7	—	6	9	1	—	1	—	2	—	1	6	—	3	1	—
Shrewsbury Borough .	591	1	—	1	—	—	3	—	—	3	14	27	13	2	44	3	3	82	147	16	72	18	—	34	17	3	2	—	3	1	—	8	43	4	16	11	—
Wellington Urban ..	190	2	—	—	—	—	—	—	—	1	1	10	3	1	21	1	1	28	44	5	12	5	1	8	7	2	2	—	1	1	—	5	13	4	2	7	2
Wem Urban .. .	34	—	—	—	—	—	—	—	—	—	1	2	—	—	2	1	—	3	14	1	3	—	—	1	1	—	—	—	—	1	—	2	1	—	1	—	—
Wenlock Borough .	214	—	—	—	—	—	—	—	—	—	7	7	2	—	13	—	6	43	34	4	28	12	—	7	17	4	—	1	—	1	—	5	16	3	4	—	—
Whitchurch Urban .	109	—	—	—	—	—	—	—	—	—	2	1	2	1	12	1	—	22	14	3	31	4	—	3	2	—	—	—	—	—	—	—	11	—	—	—	—
TOTAL—Urban Districts	1,944	5	1	1	—	—	3	—	—	5	52	71	32	7	160	11	14	319	416	48	253	68	5	86	90	14	13	6	6	10	1	26	133	15	42	29	2
—Pop. 164,070																																				
RURAL:																																				
Atcham	242	—	1	—	—	—	—	—	—	—	5	11	2	—	26	2	1	31	45	12	29	6	—	17	12	4	2	2	2	—	—	2	18	6	5	1	—
Bridgnorth .. .	119	—	—	—	—	—	—	—	—	—	1	8	2	1	13	1	2	21	11	4	19	7	—	3	5	—	—	—	—	2	—	2	9	4	4	—	—
Clun	89	—	—	—	—	—	—	—	—	—	5	1	3	2	5	—	1	19	15	2	12	5	—	5	3	1	1	—	—	1	—	1	5	1	1	—	—
Drayton	87	—	—	—	—	—	—	—	—	—	2	2	1	2	6	—	—	9	16	3	13	2	—	2	11	—	3	—	2	—	—	2	8	1	2	—	—
Ellesmere	66	—	—	—	—	—	—	—	—	—	3	2	1	—	6	—	2	7	9	—	16	4	1	1	3	—	2	2	1	—	—	1	3	1	—	1	—
Ludlow	169	1	—	—	—	—	—	—	—	—	7	5	1	—	22	2	1	27	32	2	25	5	—	6	5	1	1	—	1	—	—	—	10	4	9	1	—
Oswestry	237	1	—	—	—	—	—	—	—	1	4	9	3	1	25	5	2	38	43	3	56	6	1	6	3	3	—	—	1	—	4	2	18	2	—	1	—
Shifnal	126	—	—	—	—	—	—	—	—	—	1	7	1	2	12	—	1	22	29	—	14	5	1	5	3	2	1	—	—	—	—	1	12	5	1	1	—
Wellington	227	—	—	1	—	—	—	—	—	—	6	12	2	4	24	1	1	37	49	2	18	8	—	11	10	6	1	3	—	—	—	2	17	4	5	3	—
Wem	148	—	—	—	—	—	—	—	—	1	1	3	3	—	9	1	1	26	20	4	23	6	—	13	3	—	1	—	—	1	—	9	14	3	5	1	—
TOTAL—Rural Districts	1,510	2	1	1	—	—	—	—	—	2	35	60	19	12	148	12	12	237	269	32	225	54	3	69	58	17	12	7	7	8	—	22	114	31	32	9	—
—Pop. 153,130																																				
TOTAL—County ..	3,454	7	2	2	—	—	3	—	—	7	87	131	51	19	308	23	26	556	685	80	478	122	8	155	148	31	25	13	13	18	1	48	247	46	74	38	2
Pop. 317,200																																				

TABLE IV

Causes of death by sex and age groups in Shropshire during 1965

Age Groups	Sex	All Causes	Tuberculosis—respiratory	Tuberculosis—other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant Neoplasm: Stomach	Malignant Neoplasm: Lung, bronchus	Malignant Neoplasm: Breast	Malignant Neoplasm: Uterus	Malignant Neoplasm: Other malignant and lymphatic neoplasms	Malignant Neoplasm: Leukaemia, aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth and abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war
Urban Districts :																																					
Under 4 weeks	M	19	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	14	—	—	1
	F	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8	8	—	—	—
4 weeks and under 1 year ..	M	19	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8	—	—	—	—	—	6	2	—	1	—
	F	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	2	2	—	1	—
1 year and under 5 years ..	M	5	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	3	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5 years and under 15 years ..	M	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	2	—	—	—
	F	4	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—
15 years and under 25 years ..	M	14	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	2	—	1	—	—	1	1	2	3	1	—
	F	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	1	—
25 years and under 35 years ..	M	11	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	4	1	—	1	2	—	—	—	—	—	—	—	—	—	—	1	—	1	—
	F	9	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	1	—	1	—	—	1	—	1	—	—	1	—	1	—	—	—	—
35 years and under 45 years ..	M	29	—	—	—	—	—	—	—	—	—	2	—	—	—	2	1	—	3	6	—	1	1	—	2	—	—	1	1	2	—	—	1	1	2	2	1	—
	F	15	1	—	—	—	—	—	—	—	—	—	—	3	—	1	—	—	3	—	—	1	—	—	—	—	—	—	—	—	—	—	2	1	2	1	—
45 years and under 55 years ..	M	70	—	—	—	—	—	—	—	—	1	5	8	—	—	5	1	—	6	23	1	3	2	—	1	5	—	1	—	—	—	—	4	2	1	—	1
	F	42	—	—	—	—	—	—	—	—	1	1	1	3	—	8	1	—	6	1	—	5	3	—	1	—	—	—	—	—	—	—	4	1	2	4	—
55 years and under 65 years ..	M	188	1	—	—	—	—	—	—	—	—	4	15	1	—	20	1	2	15	67	5	6	8	1	4	14	—	—	—	2	—	—	8	1	4	9	—
	F	103	1	—	—	—	—	—	—	—	—	5	5	6	2	17	1	—	13	15	6	6	5	—	1	4	—	1	1	1	—	—	1	8	1	1	2	—
65 years and under 75 years ..	M	287	1	—	1	—	—	—	—	—	—	10	30	—	—	25	1	2	32	93	6	26	3	—	5	26	5	3	—	—	3	—	1	6	2	4	2	—
	F	229	1	—	—	—	—	—	—	—	2	6	4	10	2	22	3	2	53	55	7	22	5	2	10	—	2	1	—	—	—	—	13	—	3	4	—
75 years and over	M	373	—	—	—	—	—	—	—	—	—	7	6	—	—	31	—	2	66	70	8	74	21	—	18	29	3	2	2	—	7	—	—	23	—	3	1	—
	F	496	—	—	—	—	—	—	—	—	—	12	2	9	3	23	2	5	117	84	15	106	18	2	32	12	2	3	1	—	—	—	1	31	2	13	1	—
Total—All ages	M	1,019	2	1	1	—	—	3	—	—	2	28	59	1	—	84	4	7	127	260	20	112	37	1	38	74	10	7	4	5	10	—	13	61	10	21	15	2
	F	925	3	—	—	—	—	—	—	—	3	24	12	31	7	76	7	7	192	156	28	141	31	4	48	16	4	6	2	1	—	1	13	72	5	21	14	—
Rural Districts :																																					
Under 4 weeks	M	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	6	—	2	—	—
	F	18	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	7	10	—	—	—	—
4 weeks and under 1 year ..	M	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	2	1	—	—	2	—	1	2	—	—	—	—
	F	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	2	—	—	1	—	—
1 year and under 5 years ..	M	13	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	2	—	—	—	—	—	5	5	—	—	—	—
	F	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	2	1	1	—	—	—
5 years and under 15 years ..	M	6	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1	—	—	—	—
	F	7	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	3	—	—	—	—	—	1	1	—	—	—	—
15 years and under 25 years ..	M	20	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	2	11	3	1	—
	F	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1	—	—	—	1	—	—	—	—	2	—	—	—
25 years and under 35 years ..	M	7	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	2	—	—
	F	3	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
35 years and under 45 years ..	M	18	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	1	1	6	—	—	2	—	—	2	1	—	—	—	—	—	1	1	1	—	—
	F	18	—	—	—	—	—	—	—	—	—	1	1	1	1	2	—	—	1	—	—	4	1	—	—	—	—	—	—	—	—	—	5	—	—	1	—
45 years and under 55 years ..	M	59	—	—	—	—	—	—	—	—	—	2	7	—	—	8	—	1	2	17	1	6	1	—	—	3	1	2	—	1	—	—	1	2	2	—	2	—
	F	34	—	—	—	—	—	—	—	—	—	—	1	7	3	6	—	—	4	2	—	1	2	—	—	1	1	—	—	—	—	—	1	3	2	—	—	—
55 years and under 65 years ..	M	165	1	—	—	—	—	—	—	—	1	7	19	—	—	18	1	—	20	49	2	10	3	—	5	8	2	—	1	2	—	—	—	8	—	4	4	—
	F	75	—	—	—	—	—	—	—	—	—	2	2	4	3	8	—	—	10	15	3	5	1	—	3	5	1	1	—	1	—	—	—	10	1	—	—	—
65 years and under 75 years ..	M	229	1	—	1	—	—	—	—	—	—	11	18	—	—	31	1	3	30	58	4	28	2	1	9	10	3	1	—	—	2	—	—	6	4	4	1	—
	F	148	—	—	—	—	—	—	—	—	—	3	7	4	2	20	1	3	31	28	6	16	7	—	2	2	1	1	—	2	—	—	—	7	—	5	—	—
75 years and over	M	300	—	1	—	—	—	—	—	—	—	5	4	—	—	28	3	—	56	44	8	64	10	—	17	20	3	4	1	1	6	—	—	21	2	2	—	—
	F	355	—	—	—	—	—	—	—	—	—	4	—	3	2	20	3	4	81	49	8	90	24	2	21	4	4	2	1	—	—	—	—	23	2	8	—	—
Total—All ages	M	836	2	1	1	—	—	—	—	—	1	25	49	—	—	92	6	5	110	175	15	108	18	1	37	44	10	8	4	4	8	—	10	54	22	18	8	—
	F	674	—	—	—	—	—	—	—	—	1	10	11	19	12	56	6	7	127	94	17	117	36	2	32	14	7	4	3	3	—	—	12	60	9	14	1	—
Administrative County ..	M	1,855	4	2	2	—	—	3	—	—	3	53	108	1	—	176	10	12	237	435	35	220	55	2	75	118	20	15	8	9	18	—	23	115	32	39	23	2
	F	1,599	3	—	—	—	—	—	—	—	4	34	23	50	19	132	13	14	319	250	45	258	67	6	80	30	11	10	5	4	—	1	25	132	14	35	15	—
	T	3,454	7	2	2	—	—	3	—	—	7	87	131	51	19	308	23	26	556	685	80	478	122	8	155	148	31	25	13	13	18	1	48	247	46	74	38	2

TABLE V

Return of Cases of Notifiable Diseases during 1965

Sanitary District	Scarlet Fever	Whooping Cough	Measles	Dysentery	Acute Pneumonia	Meningococcal Infection	Acute Poliomyelitis (Paralytic)	Acute Poliomyelitis (Non-Paralytic)	Ophthalmia Neonatorum	Puerperal Pyrexia	Erysipelas	Food Poisoning	†Tuberculosis (Respiratory)	Tuberculosis (C.N.S. and Meninges)	Tuberculosis (Other)	Acute Encephalitis (Infective)	Acute Encephalitis (Post Infectious)	Diphtheria	Typhoid
Urban and Borough :																			
Bishop's Castle	—	4	3	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Bridgnorth ..	1	2	64	—	—	—	—	—	—	1	—	—	3	—	—	—	—	—	—
Church Stretton ..	17	—	22	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dawley	3	1	25	1	—	—	—	—	—	—	1	—	3	—	1	—	—	—	—
Ellesmere	—	—	2	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
Ludlow	3	4	11	—	5	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Market Drayton ..	—	—	84	—	—	—	—	—	—	—	—	—	2	—	1	—	—	—	—
Newport	11	—	68	—	1	—	—	—	—	2	—	—	—	—	—	—	—	—	—
Oakengates	6	1	127	—	—	—	—	—	—	—	1	—	5	—	1	—	—	—	—
Oswestry	2	2	39	—	—	—	—	—	—	1	—	1	1	—	—	—	—	—	—
Shrewsbury	11	1	385	22	—	2	—	—	—	1	—	1	5	—	2	—	—	—	—
Wellington	52	—	42	—	2	—	—	—	—	—	1	—	3	—	—	—	—	—	—
Wem	21	—	60	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Wenlock	1	3	58	—	7	—	—	—	—	1	—	—	1	—	—	—	—	—	—
Whitchurch	1	—	6	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—
Total ..	129	18	996	23	20	3	—	—	—	6	3	3	25	—	6	—	—	—	—
Rural :																			
Atcham	49	5	157	34	4	—	—	—	—	1	3	1	2	—	2	—	—	—	—
Bridgnorth	9	1	345	—	—	—	—	—	—	—	—	—	4	—	2	—	—	—	—
Clun	11	2	108	2	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—
Drayton	2	—	33	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Ellesmere	2	—	29	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ludlow	1	5	138	—	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Oswestry	20	5	198	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—
Shifnal	18	8	225	2	14	—	—	—	—	—	1	3	2	—	—	—	—	—	—
Wellington	26	—	284	1	1	—	—	—	—	—	1	—	2	—	2	—	—	—	—
Wem	9	—	157	—	—	—	—	—	—	—	3	—	—	—	1	—	—	—	—
Total ..	147	26	1,674	40	28	—	—	—	—	1	9	4	12	—	8	—	—	—	—
Administrative County:																			
Total for 1965	276	44	2,670	63	48	3	—	—	—	7	12	7	37	—	14	—	—	—	—
Total for 1964	120	179	2,392	31	99	3	—	—	—	3	13	11	48	—	11	—	1	—	—
Increase (+) or ..	+156		+278	+32						+4					+3				
Decrease (—)		—135			—51						—1	—4	—11				—1		

—No notifications.

†Notifications exclude cases notified after death, and do not necessarily compare with the numbers of new cases of Respiratory Tuberculosis reported on page 14.

TABLE VI

Work performed in Nursing Districts in 1965

Nursing District	Staff			Midwifery				Home Nursing		Health Visiting	All Other Visits	Total Visits
	Nurses and Midwives	On 31st Dec., 1965		Domiciliary Confinements		Discharged Hospital Cases		Cases	Visits	Visits		
		W.T.	P.T.	Cases	Visits	Cases	Visits					
Alberbury	1	1	—	11	248	24	131	82	1,453	846	364	3,042
Albrighton	1	1	—	33	845	53	228	88	2,676	—	698	4,447
Ash	1	1	—	15	440	14	57	41	1,082	716	282	2,577
Atcham	1	1	1	60	1,265	40	243	94	3,125	—	77	4,710
Baschurch	1	1	—	11	277	13	45	66	834	726	412	2,294
Bishop's Castle	1	1	—	8	186	8	70	65	1,581	1,433	24	3,294
Bomere Heath	1	1	—	32	702	20	79	45	617	—	23	1,421
Bridgnorth	3	3	—	39	907	39	159	196	5,060	979	123	7,228
Burford	1	1	—	12	306	17	86	61	1,444	425	128	2,389
Chirbury	1	1	—	4	89	8	31	46	1,311	472	148	2,051
Church Stretton	2	2	—	19	486	28	151	380	5,413	440	230	6,720
Claverley	1	1	—	8	182	16	74	62	1,806	359	39	2,460
Cleobury Mortimer	2	2	—	14	369	50	145	131	2,043	1,770	231	4,558
Clun	1	1	—	7	225	7	41	101	3,454	—	175	3,895
Clungunford	1	1	—	4	117	8	37	74	2,588	—	28	2,770
Craven Arms	1	1	—	13	350	16	60	88	2,222	733	171	3,536
Dawley	2	2	1	75	1,793	125	462	195	3,778	—	102	6,135
Donnington	2	2	1	86	1,723	65	276	144	2,394	—	4	4,397
Dorrington	1	1	—	8	210	23	137	75	1,571	54	44	2,016
Ellesmere	2	1	—	21	441	43	162	74	1,675	—	61	2,339
Gobowen	1	1	1	35	883	16	60	152	2,504	—	957	4,404
Hadley	1	1	—	34	815	51	266	89	2,046	—	357	3,484
Highley	1	1	—	8	224	26	85	70	1,333	68	33	1,743
Hinstock	1	1	—	13	340	7	45	31	737	536	6	1,664
Hodnet	1	1	—	10	255	15	74	70	1,461	1,023	144	2,957
Ironbridge	3	3	1	49	1,241	66	315	122	3,429	—	133	5,118
Kinnerley	1	1	—	20	457	10	42	31	602	1,059	21	2,181
Longden	1	1	—	15	319	13	45	59	1,744	—	4	2,112
Ludlow	3	1	1	20	479	60	195	147	4,037	447	276	5,434
Market Drayton	2	2	—	56	1,348	93	354	102	2,885	—	104	4,691
Moreton Corbet	1	1	—	12	287	27	131	68	1,134	—	31	1,583
Morton	1	*1	—	15	425	24	213	101	3,175	—	192	4,005
Much Wenlock	1	1	—	3	82	3	17	45	2,285	277	365	3,026
Munslow	1	1	—	2	48	7	34	62	953	488	36	1,559
Newport	2	2	1	67	1,751	135	759	77	1,250	—	188	3,948
Oakengates	3	3	1	117	2,991	108	571	230	4,560	—	404	8,526
Oswestry	4	4	1	65	1,616	52	266	422	10,102	—	921	12,905
Pontesbury	1	1	—	10	238	24	145	53	951	—	96	1,430
Prees	1	1	—	27	614	16	106	44	784	—	69	1,573
Shifnal	2	1	1	23	593	33	131	58	2,397	—	118	3,239
Shrewsbury	13	13	5	347	9,051	366	1,794	864	25,912	—	1,046	37,803
Stiperstones	1	1	—	4	103	10	66	35	792	517	45	1,523
Stoke-on-Tern	1	1	—	19	521	23	115	81	1,122	737	112	2,607
Stoke St. Milborough	1	1	—	4	89	8	34	58	787	557	36	1,503
Sundorne	1	1	—	11	240	31	127	50	961	633	31	1,992
Trefonen	1	*1	—	11	288	19	79	78	2,845	—	61	3,273
Wellington	3	3	1	117	3,216	144	576	213	4,918	—	386	9,096
Wem	1	1	—	39	915	27	142	87	1,567	—	357	2,981
Westbury	1	1	—	9	206	12	80	51	1,509	898	272	2,965
West Felton	1	1	—	8	186	9	39	94	1,019	—	32	1,276
Weston Rhyn	1	1	—	19	409	30	140	117	1,769	—	63	2,381
Whitchurch	2	2	—	74	2,216	21	175	113	2,292	—	118	4,801
Whixall	1	1	—	15	313	10	45	90	992	547	317	2,214
Wrockwardine	1	1	—	17	397	28	100	52	985	731	5	2,218
Agency—Radnorshire	—	—	—	2	51	—	—	12	253	—	—	304
Relief Staff	6	3	5	—	—	—	—	—	—	—	—	—
Total	94	87	21	1,772	44,270	2,141	10,040	6,136	142,219	17,471	10,700	224,700

*Also employed in Oswestry Nursing District.

TABLE VII

Home Nursing Service—Analysis by Sex and Age Groups of Cases attended in 1965

Disease	Cases			Males									Females							
	Males	Females	Total	0—	5—	15—	25—	35—	45—	55—	65—	75—	0—	5—	15—	25—	35—	45—	55—	65—	75—
Tuberculosis, all forms	8	15	23	—	—	2	2	1	1	1	—	1	—	—	3	3	3	5	—	—	1
Other infectious diseases	16	35	51	1	8	—	—	—	1	3	3	—	6	6	4	1	2	3	1	7	5
Parasitic diseases	3	—	3	2	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Malignant and lymphatic neoplasms	123	138	261	—	2	1	1	4	9	31	35	40	—	1	—	1	10	18	27	48	33
Asthma	19	32	51	—	—	1	1	1	2	2	7	5	—	1	2	2	3	8	5	6	5
Diabetes mellitus	37	79	116	—	—	—	—	2	5	9	11	10	—	1	1	—	2	4	18	25	28
Anaemia	127	621	748	—	1	1	1	2	9	26	32	55	1	1	26	45	43	78	77	157	193
Vascular lesions affecting central nervous system	145	216	361	—	—	—	1	1	3	19	44	77	—	—	—	—	—	6	22	58	130
Other mental and nervous diseases	32	120	152	—	1	2	—	—	8	6	9	6	—	—	2	6	9	19	21	33	30
Diseases of the eye	17	27	44	1	2	1	2	4	—	—	2	5	6	2	—	—	1	—	4	6	8
Diseases of the ear	33	30	63	3	9	3	4	3	4	1	5	1	3	6	2	3	2	6	6	1	1
Diseases of the heart and arteries	189	328	517	—	—	1	1	3	10	29	58	87	—	—	3	1	5	10	33	88	188
Diseases of the veins	40	190	230	2	1	—	—	2	3	12	9	11	—	—	—	4	10	17	37	69	53
Upper respiratory diseases	58	66	124	14	11	7	6	6	3	4	2	5	11	8	10	9	6	8	6	1	7
Other respiratory diseases	117	95	212	14	3	1	2	1	7	17	27	45	9	1	2	1	6	7	6	18	45
Constipation	80	125	205	10	8	2	2	1	6	9	20	22	7	4	8	4	9	9	13	19	52
Other diseases of digestive system	113	140	253	7	13	10	11	6	13	24	21	8	11	3	7	9	9	22	24	19	36
Diseases of urinary system and male genital organs	86	—	86	29	2	1	—	1	1	6	22	24	—	—	—	—	—	—	—	—	—
Diseases of breast and female genital organs	—	332	332	—	—	—	—	—	—	—	—	—	3	1	19	29	35	36	36	92	81
Complications of pregnancy and puerperium	—	307	307	—	—	—	—	—	—	—	—	—	—	—	128	137	41	1	—	—	—
Diseases of skin and subcutaneous tissues	154	247	401	22	27	22	8	10	14	15	12	24	16	13	13	30	31	25	27	44	48
Diseases of bones, joints and muscles	39	219	258	—	1	—	—	3	—	9	11	15	—	—	2	3	6	22	31	59	96
Injuries	200	302	502	45	49	22	17	9	15	12	14	17	35	38	16	14	15	32	33	52	67
Senility	87	184	271	—	—	—	—	—	—	—	4	83	—	—	—	—	—	—	2	11	171
Other defined and ill-defined diseases	215	349	564	47	16	8	9	10	31	34	41	19	36	14	18	19	32	50	72	43	65
Diseases not specified	—	1	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
TOTAL	1,938	4,198	6,136	197	154	85	68	70	146	269	389	560	144	100	267	321	280	386	501	856	1,343

TABLE VIII

Home Nursing Service—Cases Completed in 1965—Duration of Treatment, Visits and Disposal

Disease	Total Cases	Duration of Treatment		Visits				Disposal of Cases							
		Length (days)	Average per case (days)	Total Day	Total Night	Average per case	Average per case per week	Recovered, relieved or convalescent	Admitted to hospital or nursing home	Died	Gone away	Out-patient, X-ray, own doctor, etc	Treatment undertaken by patient	Discontinued	Others
Tuberculosis, all forms	15	3,250	217	1,389	—	93	3.0	10	2	—	1	1	—	1	—
Other infectious diseases	48	1,160	25	625	—	13	3.6	35	6	1	—	5	1	—	—
Parasitic diseases	3	36	12	16	—	5	3.0	2	—	—	—	1	—	—	—
Malignant and lymphatic neoplasms	228	17,870	79	8,799	101	39	3.5	21	49	145	8	3	2	—	—
Asthma	36	5,692	159	1,194	5	33	1.5	21	5	6	3	1	—	—	—
Diabetes mellitus	83	26,223	316	17,429	9	210	4.7	20	22	5	22	4	9	1	—
Anaemia	398	115,541	291	19,046	—	48	1.2	237	60	28	54	14	2	3	—
Vascular lesions affecting central nervous system	288	18,106	63	8,331	40	29	3.2	53	111	101	17	—	2	—	4
Other mental and nervous diseases	86	28,243	329	8,948	—	104	2.2	21	34	14	8	4	3	2	—
Diseases of the eye	35	3,418	98	3,131	—	89	6.4	24	4	—	1	3	3	—	—
Diseases of the ear	60	973	17	528	—	9	3.7	50	3	—	—	5	—	2	—
Diseases of the heart and arteries	373	59,967	161	17,968	89	48	2.1	102	118	115	22	5	10	—	1
Diseases of the veins	157	28,534	182	10,981	3	70	2.7	109	33	4	4	6	1	—	—
Upper respiratory diseases	120	1,760	15	846	—	7	3.3	105	3	—	1	11	—	—	—
Other respiratory diseases	201	6,250	32	3,259	4	16	3.5	141	29	16	3	8	2	—	2
Constipation	199	5,471	28	1,292	—	7	1.8	171	12	—	5	11	—	—	—
Other diseases of digestive system	217	12,631	59	5,292	—	24	2.8	150	27	12	5	20	2	—	1
Diseases of urinary system and male genital organs	77	1,751	23	1,649	—	21	6.4	62	8	6	—	—	1	—	—
Diseases of breast and female genital organs	285	19,410	69	4,414	1	15	1.5	223	22	4	12	21	3	—	—
Complications of pregnancy and puerperium	302	4,081	14	2,550	5	8	4.0	230	54	—	5	9	—	4	—
Diseases of skin and subcutaneous tissues	353	11,470	33	5,706	3	16	3.4	307	25	1	6	13	1	—	—
Diseases of bones, joints and muscles	147	54,420	371	14,493	—	99	1.9	68	51	9	14	3	1	—	1
Injuries	474	11,103	24	5,733	1	12	3.5	391	30	2	8	41	2	—	—
Senility	167	38,320	230	10,536	5	63	1.9	19	62	64	19	—	2	—	1
Other defined and ill-defined diseases	536	5,209	10	2,752	8	5	3.5	189	64	7	11	259	4	—	2
Diseases not specified	1	1	1	1	—	1	7.0	—	—	—	—	1	—	—	—
TOTAL	4,889	480,890	99	156,908	274	32	2.3	2,761	834	540	229	449	51	13	12

TABLE IX

Child Welfare Centres

Name and Address of Centre		Sessions	
ALBRIGHTON The Surgery, Shaw Lane Tel. Albrighton 301/2	*Child Welfare* *Immunisations*	Wednesdays	2.00 p.m.— 3.45 p.m.
BASCHURCH Secondary Modern School	*Child Welfare* *Immunisation* *Welfare Foods*	1st Tuesday	2.30 p.m.— 4.30 p.m.
BAYSTON HILL Memorial Hall	*Child Welfare* *Immunisations* *Welfare Foods*	Mondays 3rd Monday Mondays	2.00 p.m.— 5.00 p.m. 9.30 a.m.—12.00 noon 2.00 p.m.— 5.00 p.m.
BISHOP'S CASTLE Stone House	*Child Welfare* *Chiropody* *Immunisations*	2nd and 4th Fridays 4th Tuesday 2nd and 4th Fridays	1.30 p.m.— 4.30 p.m. 9.30 a.m.—12.30 p.m. 2.00 p.m.— 5.00 p.m. 1.30 p.m.— 4.30 p.m.
BRIDGNORTH (Northgate) Northgate Tel. Bridgnorth 3357	*Ante-Natal* *Chest* *Child Welfare* *Chiropody* *Dental* *District Nurses' Sessions* *Domestic Help* *Immunisations* *Mothercraft and Relaxation* *Probation Reporting Centre* *Psychiatric (Adults)* *Psychiatric (Children)* *School* *Speech Therapy* *Welfare Foods* *W.V.S. Play Group*	Mondays 2nd and 4th Tuesdays Mondays 4th Thursday By arrangement Mondays Mondays and Fridays Wednesdays 1st Monday Wednesdays 2nd and 4th Tuesdays 2nd and 4th Thursdays Wednesdays Thursdays every fourth week 1st Monday Fridays Mondays Thursday afternoons	2.00 p.m.— 4.00 p.m. 9.00 a.m.— 1.00 p.m. 10.30 a.m.—12.30 p.m. 1.30 p.m.— 4.30 p.m. 2.00 p.m.— 5.00 p.m. 2.00 p.m.— 4.00 p.m. 10.00 a.m.—12.00 noon 2.15 p.m.— 4.30 p.m. 2.15 p.m.— 4.30 p.m. 9.30 a.m.—12.30 p.m. 2.30 p.m.— 4.00 p.m. 4.00 p.m.— 6.30 p.m. 4.00 p.m.— 6.30 p.m. 9.30 a.m.— 1.00 p.m. 10.00 a.m.— 1.00 p.m. 9.00 a.m.—10.30 a.m. 9.30 a.m.—12.30 p.m. 2.00 p.m.— 5.00 p.m. 2.15 p.m.— 4.30 p.m.
BRIDGNORTH (Grove) St. Mary's Church Hall	*Child Welfare* *Immunisations* *Welfare Foods*	4th Thursday	1.30 p.m.— 4.30 p.m.
BROSELEY Victoria Institute	*Child Welfare* *Chiropody* *Immunisations*	1st, 3rd and 5th Thursdays 1st and 3rd Tuesdays and 1st and 3rd Fridays 1st, 3rd and 5th Thursdays 1st Thursday	2.30 p.m.— 4.30 p.m. 2.30 p.m.— 5.00 p.m. 2.30 p.m.— 4.30 p.m. 9.30 a.m.—11.00 a.m.
BUNTINGSDALE (R.A.F.) Market Drayton	*Child Welfare* *Immunisations* *Welfare Foods*	Thursday afternoons Alternate Thursday afternoons Thursdays	 2.30 p.m.— 4.00 p.m.
CHURCH STRETTON Sylvester Horne Institute	*Ante-Natal* *Child Welfare* *Chiropody* *Immunisations*	1st and 3rd Thursdays 1st and 3rd Thursdays 2nd and 4th Thursdays 1st and 3rd Thursdays	2.00 p.m.— 4.30 p.m. 2.00 p.m.— 4.30 p.m. 9.30 a.m.—12.30 p.m. 2.00 p.m.— 5.00 p.m. 2.00 p.m.— 4.30 p.m.
CLEOBURY MORTIMER Parish Hall	*Child Welfare* *Chiropody* *Immunisations* *Welfare Foods*	1st and 3rd Wednesdays 2nd and 4th Wednesdays 2nd Wednesday 1st and 3rd Wednesdays Wednesdays	2.00 p.m.— 4.00 p.m. 9.30 a.m.—12.30 p.m. 2.00 p.m.— 5.00 p.m. 2.00 p.m.— 4.00 p.m. 2.00 p.m.— 4.00 p.m.
COSFORD (R.A.F.) R.A.F. Cosford	*Child Welfare* *Immunisations* *Welfare Foods*	Thursdays At Station Sick Quarters on Thursday afternoons Thursday afternoons	2.15 p..m— 4.00 p.m.
DAWLEY Doseley Road Tel. Dawley 5400	*Ante-Natal* *Audiology* *Child Welfare* *Dental* *Immunisations* *Mothers' Club* *Mothercraft and Relaxation* *Probation Reporting Centre* *Registrar's Office* *Welfare Foods*	1st, 3rd and 5th Tuesdays By arrangement Tuesdays By arrangement 1st Wednesday Thursdays 2nd and 4th Wednesdays Wednesdays & alternate Thursdays Monday Wednesday Friday Tuesdays	1.30 p.m.— 4.30 p.m. 10.30 a.m.—12.30 p.m. 1.30 p.m.— 4.30 p.m. 9.30 a.m.—12.00 noon 7.30 p.m. onwards 2.00 p.m. onwards (Post-Natal Exercises 3.00 p.m.) 4.00 p.m.— 7.00 p.m. 9.00 a.m.—11.00 a.m. 9.00 a.m.—11.00 a.m. 6.00 p.m.— 7.00 p.m. 9.00 a.m.—11.00 a.m. 6.00 p.m.— 7.30 p.m. 10.30 a.m.—12.00 noon 2.00 p.m.— 4.00 p.m.

Name and Address of Centre		Sessions	
DONNINGTON Garrison Welfare Centre, Northgate, The Humbers	*Child Welfare*	2nd and 4th Fridays	2.00 p.m.— 4.30 p.m.
	Immunisations	2nd and 4th Fridays	2.00 p.m.— 4.30 p.m.
	Welfare Foods	Friday	2.00 p.m.— 4.00 p.m.
DONNINGTON Turreff Hall	*Ante-Natal*	1st, 3rd and 5th Wednesdays	1.30 p.m.— 4.30 p.m.
	Child Welfare	Wednesdays	10.30 a.m.—12.30 p.m. 1.30 p.m.— 4.30 p.m.
	Chiropody	1st Tuesday	9.30 a.m.—12.30 p.m. 2.00 p.m.— 5.00 p.m.
	Immunisations	1st, 3rd and 5th Wednesdays	1.30 p.m.— 4.30 p.m.
		3rd Wednesday	9.30 a.m.—12.00 noon
	Welfare Foods	Wednesdays	2.00 p.m.— 4.00 p.m.
ELLESMERE Brownlow Road Tel. Ellesmere 181	*Ante-Natal*	1st Tuesday	10.00 a.m.—12.00 noon
		1st, 3rd and 5th Tuesdays	1.30 p.m.— 4.30 p.m.
	Child Welfare	Tuesdays	1.30 p.m.— 4.30 p.m.
		1st Tuesday	10.00 a.m.—12.00 noon
	Chiropody	1st and 3rd Mondays	2.00 p.m.— 5.00 p.m.
	Dental	Tuesday and Thursday	9.30 a.m.— 4.00 p.m.
	Immunisations	1st Tuesday	10.00 a.m.—12.00 noon
		1st, 3rd and 5th Tuesdays	1.30 p.m.— 4.30 p.m.
	Registrar of Births, etc.	Monday and Thursday	9.00 a.m.—10.45 a.m.
		Saturday	9.00 a.m.—10.30 a.m.
	Welfare Foods	Tuesdays	1.30 p.m.— 4.30 p.m.
HADLEY Old People's Rest Room	*Child Welfare*	2nd and 4th Tuesdays	10.30 a.m.—12.30 p.m. 1.30 p.m.— 4.30 p.m.
	Chiropody	1st and 3rd Thursdays	2.00 p.m.— 5.00 p.m.
		1st Thursday	9.30 a.m.—12.30 p.m.
	Immunisations	2nd Tuesday	10.00 a.m.—12.00 noon
	Welfare Foods	2nd and 4th Tuesdays	10.30 a.m.—12.30 p.m. 1.30 p.m.— 4.00 p.m.
HIGHLEY Miners' Welfare Youth Centre	*Child Welfare*	1st and 3rd Tuesdays	1.30 p.m.— 4.30 p.m.
	Chiropody	2nd Thursday	9.30 a.m.—12.30 p.m. 2.00 p.m.— 5.00 p.m.
		4th Thursday	9.30 a.m.—12.30 p.m.
	Immunisations	1st and 3rd Tuesdays	1.30 p.m.— 4.30 p.m.
	Welfare Foods	1st and 3rd Tuesdays	1.30 p.m.— 4.30 p.m.
IRON BRIDGE Severn Bank House Tel. Iron Bridge 2256	*Ante-Natal*	Friday	2.00 p.m.— 4.30 p.m.
	Branch Library	Tuesday and Friday	10.00 a.m.— 1.00 p.m. 2.00 p.m.— 5.00 p.m. 5.30 p.m.— 7.30 p.m.
		Saturday	10.00 a.m.—12.30 p.m.
	Child Welfare	Fridays	2.00 p.m.— 4.30 p.m.
	Chiropody	1st, 3rd and 4th Fridays	9.30 a.m.—12.30 p.m.
	Immunisations	1st and 3rd Fridays	2.00 p.m.— 4.30 p.m.
	Magistrates' Clerk's Office	Tuesday	9.00 a.m.— 1.00 p.m. 2.00 p.m.— 5.00 p.m.
		Thursday	2.00 p.m.— 5.00 p.m.
		Friday	2.00 p.m.— 4.00 p.m.
	Probation Reporting Centre	Alternate Wednesdays and alternate Thursdays	5.00 p.m.— 6.30 p.m.
	Welfare Foods	Fridays	2.00 p.m.— 4.00 p.m.
LUDLOW Cliftonville, Dinham Tel. Ludlow 2566	*Ante-Natal*	Mondays	1.30 p.m.— 4.30 p.m.
	Audiology	1st Wednesday	9.30 a.m.—12.30 p.m.
	Chest	3rd Tuesday	11.00 a.m. onwards
	Child Welfare	Mondays	1.30 p.m.— 4.30 p.m.
	Dental	Mondays	9.30 a.m.—12.00 noon 1.30 p.m.— 5.00 p.m.
		Saturdays	9.00 a.m.—12.00 noon
	District Nurses' Sessions	2nd and 4th Wednesdays	2.00 p.m.
	Domestic Help	Monday, Wednesday and Friday	2.15 p.m.— 4.15 p.m.
	Immunisations	2nd Monday	9.30 a.m.—12.00 noon
	Moral Welfare Office	Tuesday	10.30 a.m.— 1.00 p.m.
	Mothercraft and Relaxation	2nd and 4th Fridays	2.30 p.m.— 4.00 p.m.
	Psychiatric (Children)	Thursday every fourth week	morning
	Speech Therapy	Thursday	10.00 a.m.—12.30 p.m. 1.30 p.m.— 5.00 p.m.
	Welfare Foods	Monday, Wednesday and Friday	9.15 a.m.—12.15 p.m. 2.00 p.m.— 4.30 p.m.
LUDLOW East Hamlet Hall	*Child Welfare*	Thursday	1.30 p.m.— 4.30 p.m.
	Immunisations	2nd and 4th Thursdays	1.30 p.m.— 4.30 p.m.
MADELEY Church Street Tel. Iron Bridge 3354	*Ante-Natal*	2nd and 4th Wednesdays	1.30 p.m.— 4.30 p.m.
	Audiology	By arrangement	
	Child Welfare	Wednesday	1.30 p.m.— 4.30 p.m.
	**Chiropody*	Tuesdays	9.30 a.m.— 1.00 p.m.
		and 1st and 3rd Fridays	9.30 a.m.—12.30 p.m.
	Dental	By arrangement	
	General Practitioners' Ante-Natal	Tuesday	2.00 p.m. onwards
	Immunisations	2nd Wednesday	10.00 a.m.—12.00 noon
	Orthopaedic	Fridays (three-monthly)	9.30 a.m.— 1.00 p.m.
	Speech Therapy	Thursdays	10.00 a.m.—12.30 p.m.
	Welfare Foods	Wednesdays	2.00 p.m.— 4.30 p.m.

*Old People's Welfare Committee Clinic.

Name and Address of Centre		Sessions	
MARKET DRAYTON Longslow Road Tel. Market Drayton 2634	*Ante-Natal*	Wednesdays	1.30 p.m.— 4.30 p.m.
	Child Welfare	Wednesdays	10.30 a.m.—12.30 p.m.
			1.30 p.m.— 4.30 p.m.
	Chiropody	1st and 3rd Wednesdays	9.30 a.m.—12.30 p.m.
		4th Thursday	2.00 p.m.— 5.00 p.m.
	Dental	By arrangement	
	Domestic Help	Mondays, Wednesdays and Fridays	2.00 p.m.— 5.00 p.m.
	Immunisations	2nd and 4th Wednesdays	9.30 a.m.—12.00 noon
	Probation Reporting Centre	Alternate Tuesdays	5.00 p.m.— 8.00 p.m.
		4th Thursdays	4.00 p.m.— 7.00 p.m.
	Psychiatric	1st, 3rd and 5th Fridays	2.00 p.m. onwards
	Refraction	By arrangement	
	School	Wednesdays	9.00 a.m.—10.30 a.m.
	Speech Therapy	Friday	12.00 noon—12.30 p.m.
			1.45 p.m.— 5.00 p.m.
	Welfare Foods	Wednesday	10.00 a.m.—12.00 noon
			2.15 p.m.— 4.15 p.m.
		Saturday	10.00 a.m.—12.00 noon
MUCH WENLOCK British Legion Hall	*Ante-Natal*	2nd Tuesday	2.00 p.m.— 4.30 p.m.
	Child Welfare	2nd and 4th Tuesdays	2.00 p.m.— 4.30 p.m.
	Immunisations	2nd Tuesday	3.00 p.m.— 4.00 p.m.
	Welfare Foods	2nd and 4th Tuesdays	2.00 p.m.— 4.00 p.m.
NEWPORT Boyne House, Beaumaris Road Tel. Newport 2304	*Ante-Natal*	Fridays	1.30 p.m.— 4.30 p.m.
	Child Welfare	Fridays	9.30 a.m.—12.30 p.m.
			1.30 p.m.— 4.30 p.m.
	Chiropody	1st Thursdays	9.30 a.m.—12.30 p.m.
		1st and 3rd Thursdays	2.00 p.m.— 5.00 p.m.
	Darby and Joan Club	Thursday afternoons	
	Dental	By arrangement	
	District Nurses' Session	1st and 3rd Tuesdays	2.00 p.m.
	Domestic Help	Monday, Wednesday and Friday	2.15 p.m.— 4.30 p.m.
	Immunisations	1st Friday	9.30 a.m.—12.00 noon
	Mothers' Club	Tuesdays	8.00 p.m.
	Mothercraft and Relaxation	Tuesdays	2.30 p.m.— 5.00 p.m.
	Speech Therapy	Wednesdays	10.00 a.m.— 1.00 p.m.
			2.00 p.m.— 4.15 p.m.
	Welfare Foods	Fridays	10.30 a.m.—12.30 p.m.
			2.00 p.m.— 4.30 p.m.
OAKENGATES Stafford Road Tel. Oakengates 3430	*Ante-Natal*	Fridays	1.30 p.m.— 4.30 p.m.
	Child Welfare	Fridays	10.30 a.m.—12.30 p.m.
			1.30 p.m.— 4.30 p.m.
	Immunisations	Fridays	1.30 p.m.— 4.30 p.m.
		4th Wednesday	9.30 a.m.—12.00 noon
	Mothers' Club	Wednesdays	7.30 p.m.— 9.30 p.m.
	Mothercraft and Relaxation	Tuesdays	2.30 p.m.
	Welfare Foods	Mondays and Wednesdays	2.15 p.m.— 4.15 p.m.
		Fridays	10.30 a.m.—12.30 p.m.
			2.15 p.m.— 4.15 p.m.
OSWESTRY 28/32 Upper Brook Street Tel. Oswestry 2311	*Ante-Natal*	Wednesdays	10.30 a.m.—12.30 p.m.
	Ante-Natal Exercise	Tuesdays	9.00 a.m.— 1.00 p.m.
	Audiology	By arrangement	
	Child Guidance	Thursday morning and afternoon Friday afternoon	
	Child Welfare	Wednesdays	10.00 a.m.—12.00 noon
			1.30 p.m.— 4.30 p.m.
	Chiropody	2nd and 4th Fridays	9.30 a.m.—12.30 p.m.
			2.00 p.m.— 5.00 p.m.
	Dental	Fridays	9.30 a.m.—12.30 p.m.
			1.30 p.m.— 4.30 p.m.
		Saturdays	9.00 a.m.—12.00 noon and by arrangement
	Domestic Help	Mondays	9.30 a.m.—12.00 noon
			1.45 p.m.— 4.00 p.m.
		Wednesdays and Fridays	9.30 a.m.—12.30 p.m.
			2.00 p.m.— 4.00 p.m.
	Group Training Session	Thursdays and Fridays	10.15 a.m.—12.30 p.m.
			2.00 p.m.— 4.00 p.m.
	Helping Hand	By arrangement	
	Immunisations	1st and 3rd Wednesdays	9.30 a.m.—12.00 noon
	Ministry of Health Sessions	Mondays	10.30 a.m. onwards
	Ophthalmic	Thursdays	9.30 a.m. onwards
	Orthopaedic	Wednesdays	9.30 a.m.— 1.00 p.m.
	Psychiatric (children)	Thursdays every fourth week	morning
	School	Wednesdays and Fridays	9.00 a.m.—10.30 a.m.
	Speech Therapy	Tuesdays	10.30 a.m.—12.30 p.m.
			1.30 p.m.— 4.30 p.m.
	Welfare Foods	Tuesdays	10.00 a.m.—12.30 p.m.
		Wednesdays	10.00 a.m.—12.30 p.m.
			2.00 p.m.— 5.00 p.m.
		Fridays	10.00 a.m.—12.30 p.m.
			2.00 p.m.— 4.00 p.m.
	Welsh Board	Tuesdays	10.30 a.m. onwards

Name and Address of Centre		Sessions	
PONTESBURY Public Hall	*Child Welfare* .. .. .. *Immunisations*	2nd and 4th Tuesdays .. .. 2nd and 4th Tuesdays	2.00 p.m.— 4.30 p.m. 2.00 p.m.— 4.30 p.m.
PREES (Higher Heath) Polish Recreation Hut, Site 21	*Child Welfare*	1st and 3rd Tuesdays	1.30 p.m.— 4.30 p.m.
ST. MARTINS The Old C. of E. School	*Child Welfare* .. .. .. *Chiropody* .. .. .. *Immunisations*	1st and 3rd Tuesdays .. .. 2nd Tuesday .. .. .. 4th Tuesday .. .. .. 1st Tuesday	2.00 p.m.— 4.30 p.m. 9.30 a.m.—12.30 p.m. 2.00 p.m.— 5.00 p.m. 2.00 p.m.— 5.00 p.m. 2.00 p.m.— 4.30 p.m.
SHAWBURY Parish Hall	*Child Welfare* .. .. .. *Chiropody* .. .. .. *Immunisations* .. .. .. *Welfare Foods*	Tuesdays .. .. 1st and 3rd Wednesdays .. .. 2nd and 4th Tuesdays .. .. Tuesdays	2.00 p.m.— 4.30 p.m. 2.00 p.m.— 5.00 p.m. 2.00 p.m.— 4.30 p.m. 2.00 p.m.— 4.30 p.m.
SHIFNAL Curriers Lane	*Child Welfare* .. .. .. *Immunisations* .. .. .. *Mothercraft and Relaxation* .. *Speech Therapy*	Mondays .. .. 2nd and 4th Mondays .. .. Thursdays .. .. Mondays	2.00 p.m.— 4.30 p.m. 2.00 p.m.— 4.30 p.m. 2.30 p.m.— 4.30 p.m. 9.30 a.m.—12.00 noon
SHREWSBURY (Harlescott) Harlescott Church Hall, Meadow Farm Drive	*Child Welfare* .. .. .. *Immunisations* .. .. .. *Welfare Foods*	Tuesdays .. .. 1st and 3rd Tuesdays .. .. Tuesdays	10.30 a.m.—12.30 p.m. 1.30 p.m.— 4.30 p.m. 9.30 a.m.—12.00 noon 10.30 a.m.—12.30 p.m. 1.30 p.m.— 4.30 p.m.
SHREWSBURY (Meole Brace) Peace Memorial Hall	*Child Welfare* .. .. .. *Immunisations* .. .. .. *Welfare Foods*	Thursdays .. .. 1st and 3rd Thursdays .. .. Thursdays	2.45 p.m.—5.00 p.m. 2.45 p.m.—5.00 p.m. 2.45 p.m.—5.00 p.m.
SHREWSBURY (Monkmoor) Abbey Parish Hall Tankerville Street	*Child Welfare* .. .. .. *Immunisations* .. .. .. *Welfare Foods*	1st and 3rd Tuesdays	1.30 p.m.— 4.30 p.m.
SHREWSBURY (Murivance) Health Centre, Murivance Tel. Shrewsbury 51850	*Ante-Natal* .. .. .. *Ante-Natal Relaxation* .. .. *Child Welfare* .. .. .. *Family Planning* .. .. *Ante-Natal* .. .. .. *Gynaecological and Post-Natal* *Immunisations* .. .. .. *Mothers' Club* .. .. .. *School* .. .. *Teenagers' Club* .. .. .. *Welfare Foods*	1st, 3rd and 5th Wednesdays .. 1st, 3rd and 5th Wednesdays .. Fridays .. .. Mondays .. .. 2nd and 4th Mondays .. .. 2nd Wednesday .. .. .. Thursdays from 9.00 a.m. (Mr. Burke) Tuesdays .. .. 1st and 3rd Fridays .. .. Tuesdays .. .. 1st Friday .. .. 1st and 3rd Wednesdays .. .. Fridays	2.00 p.m.— 4.00 p.m. (Dr. Urquhart) 2.00 p.m.— 3.30 p.m. 1.30 p.m.— 4.30 p.m. 1.30 p.m.— 3.30 p.m. 6.00 p.m.— 7.30 p.m. 2.00 p.m.— 3.30 p.m. (Oral) 9.00 a.m.—12.30 p.m. (Mr. Burke) 9.30 a.m.—12.00 noon 7.30 p.m. onwards 9.00 a.m.—10.30 a.m. 7.30 p.m. 1.30 p.m.— 4.30 p.m.
SHREWSBURY (Springfield) St. Giles Hall, Springfield	*Child Welfare* .. .. .. *Immunisations* .. .. .. *Welfare Foods*	2nd and 4th Tuesdays .. .. 4th Tuesdays .. .. .. 2nd and 4th Tuesdays	1.30 p.m.— 4.30 p.m. 1.30 p.m.— 4.30 p.m. 1.30 p.m.— 4.30 p.m.
SHREWSBURY (White House) White House, Ditherington Tel. Shrewsbury 4308	*Ante-Natal* .. .. .. *Child Welfare* .. .. .. *Immunisations* .. .. .. *Welfare Foods*	2nd and 4th Wednesdays .. Thursdays and Fridays .. .. 2nd and 4th Thursdays .. .. Thursdays and Fridays	2.00 p.m.— 4.00 p.m. (Dr. Urquhart) 1.30 p.m.— 4.30 p.m. 9.30 a.m.—12.00 noon 2.00 p.m.— 4.30 p.m.
WELLINGTON Haygate Road Tel. Wellington 2760	*Ante-Natal* .. .. .. *Audiology* .. .. .. *Child Guidance* .. .. .. *Child Welfare* .. .. .. **Chiropody* .. .. .. *Dental* .. .. *Domestic Help* .. .. .. *Family Planning* .. .. *Immunisations* .. .. .. *Ministry of Health Sessions* .. *Mothers' Club* .. .. .. *Peter Pan Club* .. .. .. *School* .. .. *Speech Therapy* .. .. .. *Welfare Foods*	Thursdays .. .. By arrangement (Monday mornings) Tuesday mornings and Wednesdays Thursdays .. .. Tuesdays .. .. Mondays to Fridays .. .. Saturdays .. .. .. Mondays to Thursdays .. .. Fridays .. .. 1st and 3rd Tuesdays .. .. 2nd and 4th Fridays .. .. Monday afternoons, Friday mornings 1st Wednesday .. .. .. Every other Friday .. .. Thursdays .. .. Mondays .. .. Thursdays	10.30 a.m.—12.30 p.m. 10.00 a.m.—12.15 p.m. 1.30 p.m.— 4.00 p.m. 10.30 a.m.—12.30 p.m. 1.30 p.m.— 4.30 p.m. 2.00 p.m.— 5.00 p.m. 9.30 a.m.—12.30 p.m. 2.00 p.m.— 5.00 p.m. 9.30 a.m.—12.00 noon 10.00 a.m.—12.30 p.m. 10.00 a.m.—12.30 p.m. 2.00 p.m.— 4.45 p.m. 2.00 p.m.— 4.00 p.m. 9.30 a.m.—12.00 noon 7.30 p.m. 7.30 p.m. 9.00 a.m.—10.30 a.m. 2.00 p.m.— 5.00 p.m. 10.30 a.m.—12.30 p.m. 1.30 p.m.— 4.30 p.m.

* Old People's Welfare Committee Clinic.

Name and Address of Centre	Sessions		
WEM The Shrubbery	*Ante-Natal*	2nd and 4th Thursdays	1.30 p.m.— 4.30 p.m.
	Child Welfare	Thursdays	1.30 p.m.— 4.30 p.m.
	**Chiropody*	Every 4th Saturday	9.30 a.m.—12.30 p.m.
	Dental	1st, 3rd and 5th Thursdays	2.00 p.m.— 4.30 p.m. 9.45 a.m.—12.00 noon
	Group Training	2nd and 4th Thursdays	1.30 p.m.— 4.30 p.m.
	Immunisations	Tuesdays from 10.15 a.m.	9.45 a.m.—12.00 noon
	Welfare Foods	2nd and 4th Thursdays	2.00 p.m.— 4.00 p.m.
		Thursdays	1.30 p.m.— 4.30 p.m.
WHITCHURCH Deermoss Lane, Off Claypit Street Tel. Whitchurch 2196	*Ante-Natal*	1st and 3rd Thursdays	1.30 p.m.— 4.30 p.m.
	Audiology	By arrangement	
	Chest	1st Friday	11.00 a.m.— 1.00 p.m.
	Child Welfare	Thursdays	1.30 p.m.— 4.30 p.m.
	Chiropody	2nd and 4th Mondays	2.00 p.m.— 5.00 p.m.
	Dental	By arrangement	
	District Nurses' Ante-Natal	Tuesdays	2.15 p.m.— 4.15 p.m.
	Domestic Help	Wednesdays and Fridays	10.15 a.m.—12.30 p.m.
	E.N.T. Outpatients	Mondays and Fridays	2.15 p.m.— 4.15 p.m.
	Group Training	1st and 3rd Thursdays	10.30 a.m.— 1.00 p.m.
	Gynaecological Outpatients	Mondays and Wednesdays	10.00 a.m.
		Saturdays	9.00 a.m.— 1.00 p.m. (monthly)
	Immunisations	1st and 3rd Thursdays	1.30 p.m.— 4.30 p.m.
	M.M.R. Unit	1st Friday	1.45 p.m.— 2.00 p.m. (Ante-Natal and school children large X-rays)
	Probation Reporting Centre	Thursdays	2.00 p.m.— 4.00 p.m.
	Psychiatric	2nd Tuesday	5.00 p.m.
	Speech Therapy	2nd and 4th Fridays	7.00 p.m.
		Fridays	2.00 p.m.
	Surgical Outpatients		10.30 a.m.—12.00 noon
	Welfare Foods	Wednesdays	2.00 p.m.— 5.00 p.m.
		Thursdays	2.00 p.m.— 5.00 p.m.
		Fridays	2.15 p.m.—4.15 p.m.
			10.15 a.m.—12.30 p.m.
			2.15 p.m.— 4.15 p.m.
WHITTINGTON Parish Hall	*Child Welfare*	2nd Tuesday	1.30 p.m.— 4.30 p.m.
	Immunisations	2nd Tuesday	1.30 p.m.— 4.30 p.m.

* Old People's Welfare Committee Clinic.

TABLE X: Housing—Summary of Answers to Questionnaires.

	Accham R.	Bishop's Castle B.	Bridgnorth B.	Bridgnorth R.	Church Stretton U.	Clun R.	Dawley U.	Drayton R.	Ellesmere U.	Ellesmere R.	Ludlow B.	Ludlow R	Market Drayton U.	Newport U	Oakengates U.	Oswestry B.	Oswestry R.	Shifnal R.	Shrewsbury B.	Wellington U.	Wellington R.	Wem U.	Wem R.	Wenlock B.	Whitchurch U
Estimated Population Mid-Year	24,440	1,260	8,900	13,890	2,910	8,890	10,480	10,390	2,370	7,460	6,990	13,380	6,200	5,240	14,840	12,040	19,280	15,590	51,670	15,940	27,700	2,800	12,110	15,200	7,230
Total number of houses in district	8,248	463	3,096	4,499	1,102	3,046	3,355	2,711	820	2,175	2,452	4,453	2,199	1,698	5,206	4,272	5,629	4,292	16,424	4,860	8,982	997	3,399	†	2,422
Total number of houses owned by Local Authority	1,242	119	834	528	177	266	1,363	475	249	348	671	540	651	517	1,548	1,137	1,353	972	4,696	2,006	3,846	341	522	†	759
HOUSING ACTS, 1957 & 1961																									
Houses demolished in clearance areas :																									
(a) Unfit for human habitation	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	34	—	4	33	11	—	—	—	†	—
(b) Included by reason of bad arrangement	—	—	—	—	—	—	—	—	—	—	—	—	—	—	13	—	—	—	—	—	—	—	—	†	—
(c) On land acquired under Section 43(2), Housing Act, 1957	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	†	—
Houses demolished not in clearance areas :																									
(a) As a result of formal or informal procedure under Secs. 16 or 17(1), Housing Act, 1957	33	—	—	6	—	4	—	4	—	3	4	14	—	15	18	—	1	22	7	—	17	2	6	†	8
(b) Local Authority owned houses certified unfit by Medical Officer of Health	2	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	†	—
(c) Houses unfit for human habitation where action has been taken under local Acts	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	†	—
(d) Houses included in unfitness orders made under para. 2 of Second Schedule to the Land Compensation Act, 1961	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Unfit houses closed :																									
(a) Under Sections 16(4), 17(1) and 35(1), Housing Act, 1957, and Section 26, Housing Act, 1961	130	3	—	6	6	2	23	—	3	7	2	6	—	—	—	1	—	1	6	3	1	5	22	†	6
(b) Under Sections 17(3) and 26, Housing Act, 1957	—	—	—	—	—	—	—	—	—	—	1	3	—	—	—	—	—	—	—	1	—	—	—	†	—
(c) Parts of buildings closed under Section 18, Housing Act, 1957	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	†	—
Unfit houses made fit :																									
(a) After informal action by local authority by owner	50	2	—	7	—	9	—	40	8	50	3	10	7	29	68	20	15	1	—	4	86	3	6	†	—
(b) After formal notice under Sections 9 & 16 :																									
(i) by owner	5	—	—	2	1	—	1	—	—	—	2	2	—	—	—	—	22	—	—	2	—	—	—	†	—
(ii) by local authority	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	—	—	—	—	—	2	†	—
(c) After formal notice under Public Health Acts	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	2	—	—	—	—	—	—	—	†	—
(d) After modifications or revocation of a clearance order under Section 21 of Housing Act, 1961	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	†	—
(e) After determination of a demolition order under Section 24, Housing Act, 1957	3	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	†	—
(f) After determination of a closing order under Section 27, Housing Act, 1961	1	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	3	—	—	—	—	—	—	†	—
Houses in which Defects were remedied (other than unfit houses made fit): After formal notice under Public Health Acts	—	—	—	1	—	—	—	—	—	3	12	—	17	—	—	24	42	—	17	—	—	—	4	†	13
Unfit houses in temporary use (Housing Act, 1957). Position at end of year :																									
Retained for temporary accommodation under Section 48	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	—	—	—	—	—	—	—	†	—
Retained for temporary accommodation under Section 17(2)	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	†	—
Retained for temporary accommodation under Section 43	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	†	—
Licensed for temporary accommodation under Section 34 or 53	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	†	—
Purchase of houses by agreement :																									
Houses in clearance areas other than those included in confirmed orders or compulsory purchase orders	—	—	—	—	—	—	18	—	—	—	—	—	—	—	—	—	—	—	—	—	8	—	—	†	—
Overcrowding :																									
(a) Number of houses overcrowded at 31st December, 1965	3	†	—	—	†	†	†	2	—	—	†	†	7	†	98	1	†	—	†	2	—	1	—	†	†
(b) Number of overcrowded families rehoused during year	2	1	—	—	—	2	11	—	1	1	7	—	3	—	6	1	—	7	65	2	11	—	—	†	—
Houses erected during the year :																									
By Local Authority for : (a) Slum clearance	10	—	—	—	—	—	25	6	8	7	—	4	—	—	—	22	23	18	138	—	110	—	10	†	—
(b) Other purposes	10	—	12	12	22	10	25	—	—	55	2	14	—	—	21	59	23	54					10	†	—
By private enterprise for : (a) Slum clearance	105	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	450	—	250	—	—	†	—
(b) Other purposes		2	149	79	48	11	—	65	12	18	72	25	40	21	295	119	59	147		184		18	23	†	—
Houses in course of erection :																									
By Local Authority for : (a) Slum clearance	39	—	—	2	—	—	—	—	42	3	—	—	—	38	33	120	8	—	†	—	77	—	—	†	—
(b) Other purposes		—	—	13	—	25	—	12	—	7	4	—	—	72	32		8	52	†	—		—	—	†	—
By private enterprise for : (a) Slum clearance	179	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	†	—	190	—	—	†	—
(b) Other purposes		2	103	76	25	17	—	12	1	46	29	51	9	10	208	67	51	110		109		59	35	†	—
Post-war houses erected from 1st April, 1945, to 31st December, 1965, by :																									
Local Authority	1,007	71	644	472	110	172	977	281	149	258	494	403	424	369	1,332	754	†	653	3,524	1,340	2,318	255	350	†	472
Private enterprise	1,295	18	957	571	300	166	602	237	208	187	354	357	341	519	1,573	603	†	1,192	3,037	1,393	1,480	125	345	†	209
Housing programme for 1966 for :																									
Slum clearance	119	—	—	—	—	—	30	—	—	10	140	—	50	38	53	154	55	18	†	—	†	—	—	†	—
Other purposes		8	—	—	†	18	32	48	3	30		40	150	100	54		55	54	†	278	†	—	—	†	36
Total number of Council Houses sold during year	2	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	†	—	—	—	—	†	—
Total number of applicants on Housing List at end of year	487	45	202	254	59	92	220	112	187	139	401	312	157	191	525	450	228	382	1,809	464	1,775	79	§	†	163
Improvement Grants :																									
Discretionary Grants (Housing (Financial Provisions) Act, 1958, as amended) :																									
(a) Number of dwellings concerned in applications received during year	87	5	—	40	8	35	—	17	—	15	11	24	—	1	—	4	24	14	†	4	18	—	24	†	5
(b) Number of dwellings in applications approved during year :																									
Owner occupied	47	3	—	4	5	22	—	1	—	6	9	24	—	—	—	3	†	5	†	2	15	—	10	†	2
Other	36	2	—	35	3	13	—	8	—	9	2		—	—	—	1	†	9	†	2	2	—	14	†	3
(c) Average cost per dwelling approved on work ranking for grant	£900	£327	—	£260	£601	£335	—	£1,009	—	£1,212	£726	£999	—	—	—	£317	£971	£340	†	£751	£999	—	£358	†	£331
(d) Amount of grant payable by Local Authority stated as %	50%	50%	—	50%	50%	50%	—	38%	—	34%	50%	37%	—	—	—	50%	50%	50%	†	46%	50%	—	39%	†	47%
(e) Average cost per dwelling including repairs and improvements, etc.	£1,038	£952	—	£799	£794	£980	—	£1,264	—	£1,655	£980	†	—	—	—	†	£444	£650	†	£957	£1,162	—	£918	†	†
Standard Grants (Home Purchase & Housing Act, 1959, and Housing Act, 1964) :																									
(a) Number of dwellings concerned in applications received during year	16	—	12	24	1	40	3	13	2	20	11	41	1	5	19	11	44	14	†	6	22	3	29	†	4
(b) Number of dwellings in applications approved during year	16	—	12	24	1	40	3	17	2	20	11	41	1	2	18	11	44	13	†	5	22	3	29	†	4
(c) Average amount of grant per dwelling paid by Council	£110	—	£166	£222	£120	£188	£135	£181	£217	£161	£134	£172	£155	£102	£231	£136	£159	£131	†	£117	£179	£153	£223	†	£104

† Information not available §No List.

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